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COUNTY COUNCIL OF ESSEX

LONDON SCHOOL OF [illegible]

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1963

J. A. C. FRANKLIN, M.B., B.S., D.P.H.
PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY COUNCIL OF ESSEX

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PREFACE

County Hall, Chelmsford
Telephone: Chelmsford 3233 *June,* 1964

To the Chairman and Members of the Education Committee

Madam Chairman, Ladies and Gentlemen,

In presenting the Annual Report of the Principal School Medical Officer for the year 1963 it is necessary to point out that this survey actually covers the last complete year of office of my predecessor, Dr. George G. Stewart, who retired on 31st March, 1964, after 27 years service with the County Council, 9 of which were spent as Principal School Medical Officer. The report, which includes the report of the Principal School Dental Officer has, as on previous occasions, been prepared on the basis of draft material submitted by the Divisional School Medical Officers and other senior members of the staff of the Department, who are concerned particularly with the School Health Service.

Once again it is possible to draw attention to the fact that the health of our school children generally continued to improve as is illustrated in the statistics which show that out of a total of 83,039 children who were examined at periodical medical examinations throughout the year, only 163 (0.2%) were found to be in the unsatisfactory category.

The number of children examined at periodical school inspections who were recommended for treatment or observation because of disease of the eye and defective vision, however, shows an increase over previous years and is a matter of growing concern. In view of this, arrangements are being made for more frequent vision tests to be carried out in certain schools in order that any defects may be given early treatment.

It is pleasing to report that the dental staffing position, to which reference has been made in previous reports, continued to improve during 1963, as will be seen from the report of the Principal School Dental Officer. This, however, should not give any grounds for complacency as the present staffing position is such that it is still not yet possible to arrange routine dental inspections in all schools and indeed, during the year under review, it was possible to inspect the teeth of only 50% of the school children under the Committee's care.

The period under review was, as I have already mentioned, Dr. Stewart's last complete year of office and I know he will wish to be associated with me in placing on record my thanks to the Education Committee for their consideration and support throughout the year, for the co-operation of the Chief Education Officer and his staff in all matters affecting the health of the school child and to my own staff and others who have assisted in any way in connection with the School Health Services.

I am, Ladies and Gentlemen,
Your obedient Servant,
J. A. C. FRANKLIN,
Principal School Medical Officer

County Council of Essex

EDUCATION COMMITTEE

(*as at* 31*st December,* 1963)

Chairman : Alderman Mrs. E. F. M. Hollis, M.B.E.

Vice-Chairman : Alderman P. S. Powell

COUNTY COUNCIL MEMBERS

Aldermen :

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The Rev. B. C. Cann
Sir George F. Chaplin, C.B.E., D.L., J.P.
Mrs. E. F. M. Hollis, M.B.E
Mrs. B. K. Lowton, J.P
Miss M. L. Mathieson
S. W. Millard
Mrs. E. M. Ström Olsen, O.B.E
P. S. Powell
G. E. Rose, J.P.
W. A. Sibley

Councillors :

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Dr. N. L. Arfilogoff
R. R. Batey
R. W. Blythe
Mrs. E. W. Borthwick
Mrs. I. M. Brockelbank
A. F. J. Chorley, M.B.E., J.P.
Mrs. E. Coker, B.Sc.
Brigadier T. F. J. Collins, C.B.E.
F. J. Davis
R. J. P. Eden
Mrs. L. Fallaize, J.P
Miss D. D. Forster, M.A
L. F. Grant, O.B.E
Mrs. O. Hall
Mrs. M. J. Harvey
F. R. Hutton
Mrs. L. A. Irons, J.P
Mrs. L. E. Jackson
S. A. Legg
A. C. Mason
Mrs. M. Preston
F. L. Ridgewell
Mrs. O. M. J. Roberts, J.P
I. E. Tabor, O.B.E., M.A
E. E. Taylor
H. R. Turner
Brig. J. T. de H. Vaizey
C. Verdult
Mrs. A. E. Welsh
W. R. Wright

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G. J. G. Beane
I. T. Brown
F. G. Carrick
A. L. Chamberlain
D. W. Day
A. T. Dove
C. J. L. Fox
D. J. Maidment
A. C. Moles
W. A. Nichols
A. McRae
W. F. Saville
Mrs. F. F. Woods

REPRESENTATIVES OF UNIVERSITIES

F. F. C. Edmonds, M.A
G. H. R. Newth, M.A
R. P. Tong, O.B.E., M.A

PERSONS OF EXPERIENCE IN EDUCATION

S. N. Chaplin
The Venerable A. V. G. Cleall
G. C. S. Curtis, O.B.E., M.A
The Venerable J. E. Elvin
J. W. Gofton, O.B.E
H. B. Jenkins
Mrs. R. C. Littlejohn
The Rev. F. J. Saurin
L. S. Webb

REPRESENTATIVES OF TEACHERS

O. J. Ellis
Miss M. E. Heald
A. C. Hutchinson
Miss A. I. Walker
Miss D. A. Williams

STAFF OF THE SCHOOL HEALTH SERVICE

(*as at 31st December,* 1963)

CENTRAL OFFICE

Principal School Medical Officer:
George G. Stewart, M.R.C.S., L.R.C.P., D.P.H

Deputy Principal School Medical Officer:
J. A. C. Franklin, M.B., B.S., D.P.H

Principal Senior Medical Officer:
Christina Grant, M.B., Ch.B., D.P.H., Barrister-at-Law

Senior Medical Officer:
I. B. Millar, M.D., B.Ch., B.A.O., D.P.H

Principal School Dental Officer:
J. Byrom, L.D.S

Superintendent Nursing Officer:
Miss F. S. Leader, S.R.N., S.C.M., Q.N., H.V.Cert

County Health Inspector:
S. E. Willis, M.A.P.H.I

Statistician:
W. H. Leak, B.A., F.S.S

Health Education Organiser:
C. E. Williams

DIVISIONAL STAFF

Divisions	*Divisional School Medical Officers*
North-East Essex	John D. Kershaw, M.D., B.S., D.P.H
Mid-Essex	J. L. Miller Wood, V.R.D., M.R.C.S., L.R.C.P., D.P.H
South-East Essex	A. Yarrow, M.B., Ch.B., D.P.H
South Essex	R. D. Pearce, M.R.C.S., L.R.C.P., D.P.H
Forest	F. G. Brown, T.D., M.B., Ch.B., B.A.O., D.P.H
Romford	F. Groarke, M.B., L.M., D.C.H., D.P.H
Barking	Margaret I. Adamson, M.B., Ch.B., D.P.H
Dagenham	J. Adrian Gillet, M.B., Ch.B., D.P.H., F.R.S.H
Ilford	I. Gordon, M.D., Ch.B., M.R.C.P., D.P.H
Leyton	E. W. Wright, M.B., Ch.B., D.P.H
Walthamstow	M. Watkins, M.R.C.S., L.R.C.P., D.P.H
Harlow	I. Ash, M. D., D.P.H
Basildon	P. X. O'Dwyer, M.B., B.Ch., D.P.H
Colchester	John D. Kershaw, M.D., B.S., D.P.H.

Other Divisional Staff

(excluding staff employed by Regional Hospital Boards)

	Number employed	*Aggregate of time given to School Health Service (in terms of whole-time officers)*
School Medical Officers	101*	38.45
Area Dental Officers	11	54.18
Dental Officers	87*	
Dental Auxiliaries	1	0.9
Health Visitors/School Nurses	321	118.29
Nursing Assistants	44	16.9
Dental Surgery Assistants	77	59.48
Speech Therapists	32	25.12
Psychiatric Social Workers	14	13.4
Physiotherapists	2	1.16
Chiropodists	14	3.24
Occupational Therapist	1	1.0

* includes sessional officers

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1963 was 1,918,420 of whom approximately 285,622 were children of school age.

School Population 1963

	Primary Schools	*Secondary Schools*	*Total*
North-East Essex	15,987	12,425	28,412
Mid-Essex	21,079	14,147	35,226
South-East Essex	9,233	5,684	14,917
South Essex	28,220	21,088	49,308
Forest	14,895	11,332	26,227
Romford	11,334	9,312	20,646
Barking	5,971	4,844	10,815
Dagenham	9,536	8,027	17,563
Ilford	12,562	9,312	21,874
Leyton	5,392	4,795	10,187
Walthamstow	7,589	7,815	15,404
Harlow	9,576	5,717	15,293
Basildon	11,999	7,052	19,051
Boarding Schools	—	699	699
Total 1963	163,373	122,249	285,622
Total 1962	160,251	125,314	285,565

Number of Schools

Primary Schools	728
Secondary Schools (including grammar schools) ...	208
Technical Colleges	13
Nursery Schools	3
Special Schools for handicapped children	25

Distribution of Special Schools

The 24 special schools in the Administrative County cater for handicapped pupils in the following way :—

Category of handicapped pupil	*Divisional Executive*	*Day Schools*	*Residential Schools*	*Sex*	*Accommodation*
Educationally subnormal	N.E. Essex	1	—	Mixed	100
	Mid-Essex	—	1	Male	58
	Mid-Essex	—	1	Female	65
	Basildon	1	—	Mixed	140
	South Essex	1	—	Mixed	160
	South Essex	1	—	Mixed	70
	Forest	—	1	Male	120
	Harlow	1	—	Mixed	45
	Barking	1	—	Mixed	100
	Dagenham	1	—	Mixed	150
	Leyton	1	—	Mixed	200
	Romford	1	—	Mixed	100
	Walthamstow......	1	—	Mixed	100
	Total	10	3	—	1,408
Maladjusted	N.E. Essex	—	1	Male	45
	Forest	—	1	Mixed	42
	Leyton	1	—	Mixed	60
	Total	1	2	—	147
Delicate and/or physically handicapped	N.E. Essex	—	1	Mixed	90
	South Essex	1	—	Mixed	100
	Barking	1	—	Mixed	80
	Dagenham	1	—	Mixed	50
	Ilford	1*	—	Mixed	120
	Walthamstow......	1	—	Mixed	95
	Total	5	1	—	535
Partially sighted	Walthamstow......	1	—	Mixed	48
	Total	1	—	—	48
Deaf	Walthamstow......	1	—	Mixed	55
	Total	1	—	—	55

* A unit for cerebral palsied children is attached to this school

Children in Hospital Special Schools at end of 1963

Essex	
Mid-Essex Hospital School (Black Notley)	67
Other Counties	16
	83

Number of School Clinics

Minor ailments	87
Dental	79
Ophthalmic	37
Ear, Nose and Throat	4
Orthopaedic	17
Paediatric	8
Speech Therapy	72
Physical Medicine	20
Orthoptic	13
Sunray (Ultra Violet Light)	5
Chiropody	20
Enuresis	2
Dermatology	1

Further details are referred to in Appendix H.

MEDICAL INSPECTIONS

A total of 83,039 pupils were examined at periodic medical inspections during 1963, an increase of 4,738 as compared with the number of such inspections carried out during 1962. In addition a total number of 51,811 special or re-inspections were carried out in 1963, this figure being 4,668 more than during the previous year.

The alternative experimental schemes of selective medical inspections referred to in previous Reports continued satisfactorily during the year in Colchester and Harlow but though it had been hoped to extend the scheme in Colchester to include additional schools, these hopes were not fulfilled largely because of staffing difficulties. The scheme will however be extended as soon as circumstances permit.

FINDINGS AT MEDICAL INSPECTIONS

(*See also Appendix A*)

Physical Condition of School Children

Of the 83,039 children inspected during 1963 only 163 (0.2%) were found to be unsatisfactory as regards their physical condition. This represents a continuation of the improvement in the general condition of the children and the following tables show the measure of improvement over the last six years.

Year	*Percentages of children free of defects requiring treatment*	*Percentages of children unsatisfactory*
1958	84.6	1.0
1959	84.0	0.7
1960	84.3	0.5
1961	84.7	0.3
1962	85.6	0.2
1963	86.8	0.2

Information relating to the number of children inspected at periodic medical inspections during 1963 as compared with 1962 and the number of those children found to have defects requiring treatment are shown in the following tables :—

Periodic medical inspections : number of children with defects :—

1962

1958 and later	604	38	1 : 15.9	0.5
1957	10,739	1,489	1 : 7.2	0.2
1956	12,481	1,505	1 : 8.3	0.4
1955	2,262	302	1 : 7.5	0.5
1954	613	136	1 : 4.5	0.8
1953	898	200	1 : 4.5	0.4
1952	3,295	509	1 : 6.5	0.2
1951	10,896	1.533	1 : 7.1	0.1
1950	5,950	920	1 : 6.5	0.3
1949	1,676	329	1 : 5.1	0.4
1948	7,117	997	1 : 7.1	0.1
1947 and earlier	21,770	3,325	1 : 6.5	0.1

Age Groups Inspected (by year of birth)	*Number of children inspected*	*Number of children with defects requiring treatment*	*Ratio of children with defects to children inspected*	*Percentage of children defined as "unsatisfactory"*
1963				
1959 and later	526	29	1 : 18.1	0.4
1958	12,002	1,248	1 : 9.6	0.3
1957	14,652	1,677	1 : 8.7	0.3
1956	3,136	480	1 : 6.5	0.3
1955	766	144	1 : 5.3	0.5
1954	545	118	1 : 4.6	0.2
1953	3,704	471	1 : 7.9	0.1
1952	11,571	1,503	1 : 7.7	0.1
1951	6,484	988	1 : 6.6	0.2
1950	2,737	412	1 : 6.6	0.3
1949	8,304	1,102	1 : 7.5	0.1
1948 and earlier	18,612	2,826	1 : 6.6	0.1

Cleanliness Inspections

A total of 329,466 individual examinations of pupils in schools were carried out in 1963 by school nurses and other authorised persons. This figure was a reduction of 1,478 on the figure for 1962 but the number of pupils found to be infested, 1,185, was an increase of 134 over the total for the previous year.

This indicates a slightly higher percentage of the school population infested than has been reached for the last five years and is at variance with the general improvement in this connection which has been apparent over the last 10 years.

During the year under review it was necessary to issue 35 cleansing notices under Section 54(2) and 1 cleansing order under Section 54(3) of the Education Act 1944.

The general trend in this connection over the last 10 years is shown in the following table :—

Infestation with Vermin

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Children found to be infested with vermin	2,535	1,826	1,569	1,417	1,648	1,213	1,200	1,187	1,051	1,185
Percentage of school population infested	1.0	0.7	0.6	0.5	0.6	0.4	0.4	0.4	0.4	0.4
Percentage of inspected children infested	0.42	0.32	0.28	0.24	0.37	0.33	0.35	0.35	0.32	0.36

School Meals Service and School Milk Scheme

I am grateful once again to the Chief Education Officer for letting me have the report on the School Meals Service and Milk in Schools Scheme, which appears in Appendix G to this report.

TREATMENT OF DEFECTS

(*See also Appendix A*)

Diseases of the Lungs

A total of 293 children (as compared with 314 last year) examined at periodic medical inspections were referred for treatment because of defects of their lungs and a further 1,283 children were referred for observation because of these defects. Of the number found to require treatment, 128 were examined as school entrants, 107 at intermediate examinations (generally at 10-11 years of age) and 58 as school leavers. In addition 175 children were examined at special inspections carried out during the year because of lung defects and of these 78 were referred for treatment and 97 required observation.

Children affected severely enough to warrant their being classified as handicapped pupils are admitted to special schools for the delicate or physically handicapped and in this respect the County as a whole continued to be served by the Ogilvie School, Clacton-on-Sea.

Heart Disease

Of the children examined at periodic medical inspections, 113 were found to require treatment for heart conditions and 795 were recommended for observation.

In addition 18 children brought forward for special examination were found to require treatment for defects of this nature and 80 were recommended for observation.

Diseases of the Ears

Hearing. During the year a total of 308 children were discovered at periodic medical inspections to require treatment because of hearing difficulties. Of these, 166 were discovered during their first medical inspection as school entrants and 47 were found among the leaver group.

Otitis Media. The number of children found at periodic medical inspections to require treatment because of otitis media was 141. This figure was an increase of 17 over the corresponding figure for the previous year but the incidence (1.6 per 1,000 children examined) was approximately the same.

Other. There was a slight decrease in the number of children found at periodic medical inspections to require treatment for other defects of the ear, 112 compared with 153 in 1962 and the number of children referred for treatment following special inspections also dropped from 136 in 1962 to 114 in 1963.

Orthopaedic Defects

Posture. The improvement in the incidence of children discovered to require either treatment or observation because of postural defects continued during 1963. During the year a total of 1,056 children were found to have postural defects compared with 1,234 in 1962.

Feet. During 1963 there was an increase over the previous year in the number of children found to have defects of the feet. The total of 2,307 children referred for either treatment or observation during the year under review included 1,028 in their first year of school life and 452 leavers.

Other. The number of other orthopaedic defects detected at periodic medical examinations during 1963 totalled 2,210 of which 533 required treatment and 1,677 were referred for observation.

Skin Conditions

During the year under review a total of 9,504 children were found to require treatment or observation because of skin diseases and of these, 6,924 were examined at special inspections. These figures are almost double the respective totals of 5,818 and 3,321 recorded during 1962 and the exceptionally high figures are due largely to the fact that in Barking, following a reported increase in the incidence of Plantar Warts and Athlete's Foot, a mass foot inspection programme was commenced in September. During the three months ended 31st December, 1963, 4,658 senior pupils and 3,600 junior pupils were inspected for the first time and of these 1,754 seniors (37.6%) and 573 juniors (15.9%) were found to require treatment for Athlete's Foot. In addition 309 seniors (6.6%) and 157 juniors (4.3%) were found to require treatment for Plantar Warts.

Children found with Plantar Wart were referred to the Regional Hospital Board Skin Clinic in Barking and those with Athlete's Foot were issued with a suitable powder and ointment together with a leaflet giving directions for home treatment.

Follow-up inspections are to continue into 1964 and will be the subject of a future report.

Of the total number of pupils found to be suffering from skin diseases, eight were cases of ringworm of the scalp or body, 11 of scabies and 80 of impetigo.

Chiropody

A directly provided chiropody service operates for school children in Barking, Dagenham, Leyton and Walthamstow Divisions but in the remainder of the County, chiropody treatment remains at present limited to priority groups, namely the elderly, the physically handicapped and expectant mothers. In the four Divisions mentioned 1,618 children who were treated during the year made a total of 4,567 attendances.

Minor Ailments

The treatment of children for minor ailments at the school clinics has steadily declined over the years and, with few exceptions, children who attend the school clinics are those called for special examination at the request of the parent, Head Teacher, or members of the School Health Staff, for Child Guidance referral and other allied educational matters.

The number of children treated during the last three years and the conditions for which treatment was given in school clinics are shown in the following table :—

Conditions for which treatment given	*No. of children treated*		
	1961	1962	1963
External and other eye diseases, excluding errors of refraction and squint	1,298	1,146	963
Diseases of the ear, nose and throat (non-operative treatment)	1,056	914	953
Skin diseases, excluding uncleanliness .. .	5,251	4,561	3,855
Other miscellaneous minor ailments including enuresis	4,593	3,726	4,460
TOTAL	12,198	10,347	10,231

Enuresis

Arrangements continued during the year whereby children suffering from nocturnal enuresis could have the use of enuresis alarms free of charge under Section 28 of the National Health Service Act 1946, and were extended to meet any increased demand.

The special Enuresis Clinics in Harlow and Ilford continued to operate as in previous years and the following details show the work undertaken and results achieved :—

Harlow Enuresis Clinic

Number of sessions held	34
Number of patients seen	105

(consisting of 14 brought forward from 1962
73 new cases
18 relapsed during the year)

Number of patients discharged

	New Patients	*Old Patients*	*Receiving further treatment after relapse*
Cured	16	4	2
Greatly improved ...	13	5	8
Improved	3	—	—
Slightly improved ...	1	—	1
Spontaneous recovery ...	2	1	—
Failed to continue treatment	10	3	—
Referred to Child Guidance Clinic	4	1	—
Still under treatment ...	24	—	7
	73	14	18

It will be seen that an increasing number of children are being referred to this special clinic for investigation and treatment of bed wetting (105 as compared with 86 in 1962), treatment being confined to the use of electric buzzers as the various drugs which had been tried all proved to be ineffective and therefore none was prescribed during 1963.

Ilford Enuresis Clinic

At this clinic 39 sessions were held during the year compared with 33 in the previous year and a total of 99 new cases were seen as compared with 70 new cases during 1962 and 55 during 1961.

A total of 463 attendances were made during 1963 by both old and new cases compared with 358 during 1962 and by the end of the year 41 children had been discharged as completely cured whilst 44 were self-discharged.

The following table shows how the 99 new cases came to be referred to the clinic :—

Recommended by	*Under 5 years*		*Over 5 years*	
	Boys	*Girls*	*Boys*	*Girls*
Infant Welfare Officers	7	4	—	—
School Medical Officers	—	—	34	13
General Practitioners	2	2	11	6
Parents	—	—	9	2
Health Visitors	—	1	5	2
Consultants	—	—	—	1
Total	9	7	59	24

Diseases of the Eye and Defective Vision

The number of children examined at periodic or school inspections during 1963 who were recommended for treatment or observation because of diseases of the eye and defective vision totalled 10,768, this being 871 more than the previous year. Of this total 9,098 were cases of defective vision.

In view of the growing concern at the increasing number of children found with severely defective vision, many of whom seem quite unaware of the defect, arrangements have been made in the Barking Division for testing the vision of school children at ages 5, 7, 9, 11, 13 and 15 years. This means that at ages 7, 9 and 13 the children have their eyes tested by the school nurse, even though they are not due for the routine medical inspection.

After analysis of the first batch of 1,922 children 46 new cases were referred to the Consultant for opinion and 148 were noted for review in six months or a year's time because of a slight defect. It is too early yet to tell how many of these 148 children will require glasses, but the extra work involved has been well worth while.

Recuperative Holidays

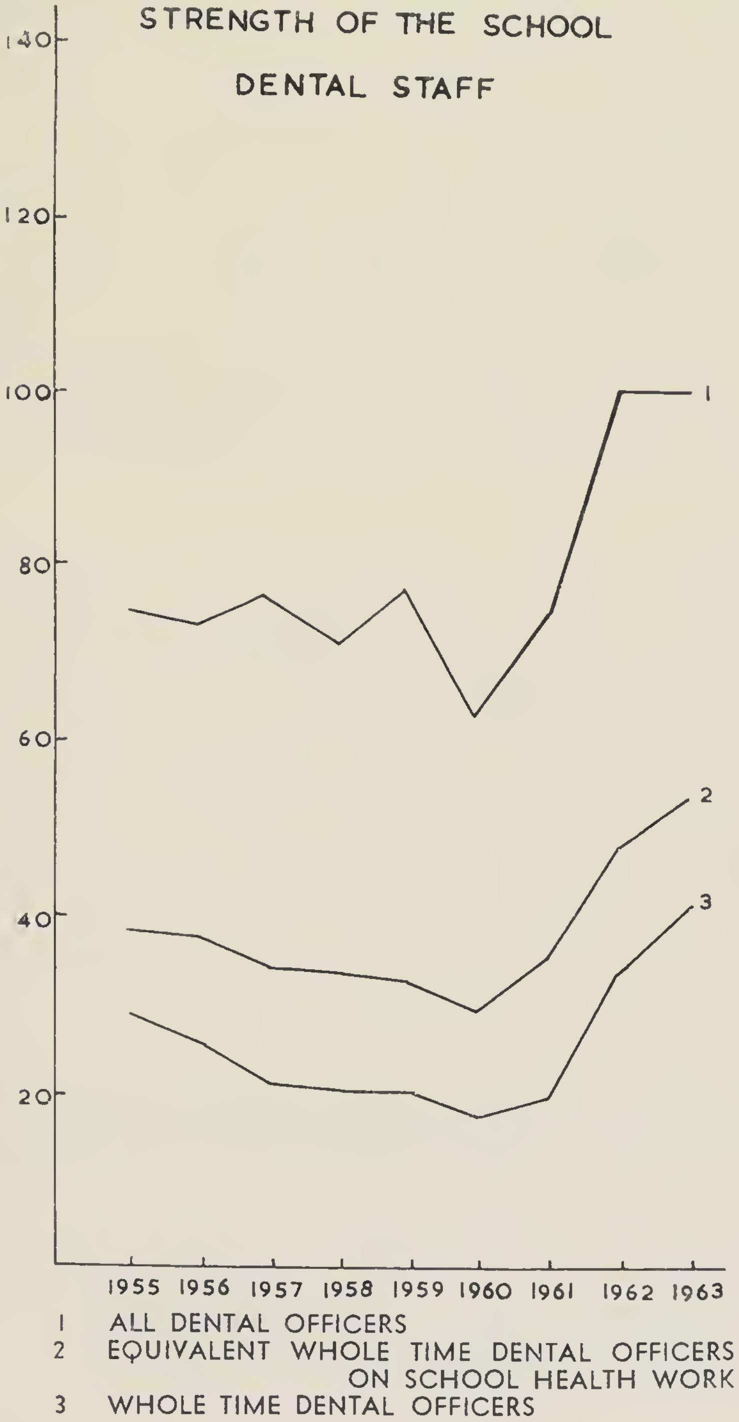
During 1963 arrangements were made for 367 children to have recuperative holidays. This shows somewhat of a slight decrease in the figure of 435 for 1962

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR 1963

The aim of the School Dental Service should be to ensure that as far as possible children shall leave school without the loss of permanent teeth, free from dental decay and irregularity and trained in the care of the teeth. They should be shown the advantages of a good natural dentition and imbued with the enthusiasm to continue their efforts to maintain a healthy mouth.

Staff

On the 31st December, 1963, there were 99 dental officers in post and of these 41 were whole-time. The total full-time equivalent was 53. Voluntary evening sessions account for the equivalent of about 2½ whole-time officers. These evening sessions are appreciated by many pupils about to take important



Graph 1

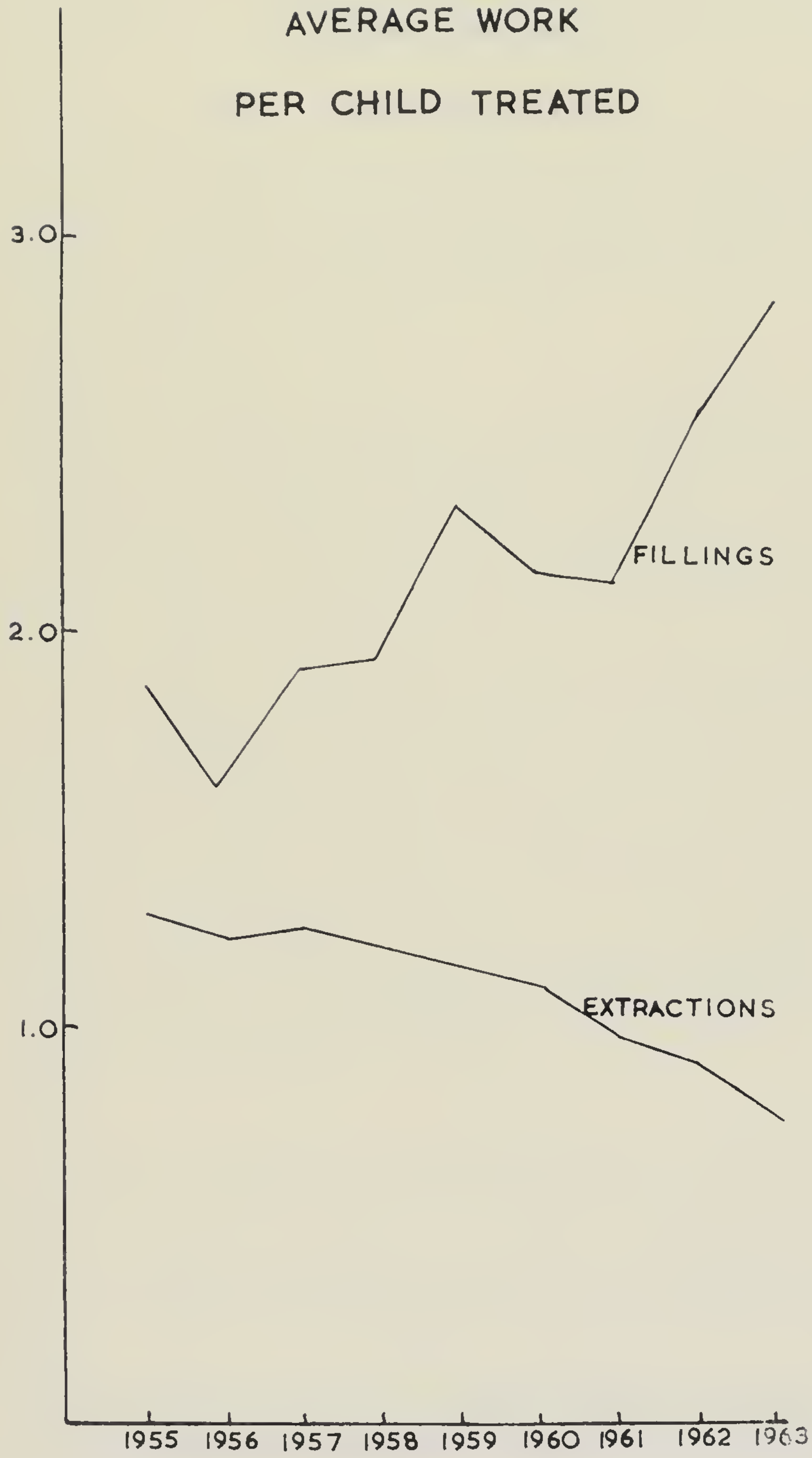
examinations during school life. Graph 1 shown on preceding page shows the trend of the staffing situation since 1955 and makes a promising picture these last three years.

Statistics

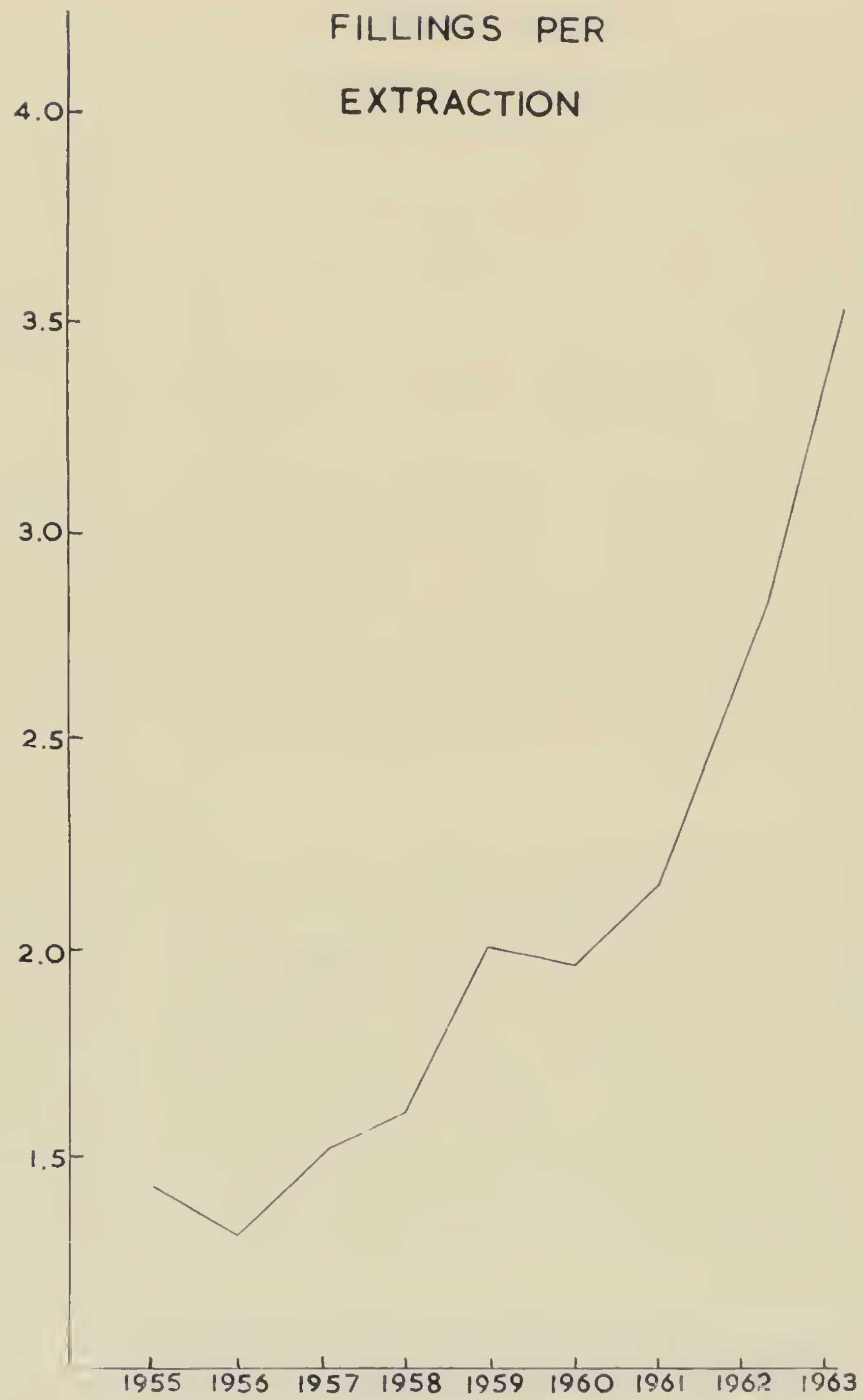
During the year under review 152,652 children were inspected, 81,926 required treatment, 71,666 were offered treatment and 38,345 were actually treated. Last year's relevant figures were 127,489, 72,719, 62,606 and 32,440 respectively. More and more children are found to be taking advantage of the National Dental Health Service and closer liaison with the other branches of the profession is becoming increasingly important. To this end and amongst his other professional activities, the writer is a member of the Local Dental Committee of the Executive Council for Essex of the National Health Service, the British Dental Association Branch Council for Essex, the North-East Metropolitan Regional Hospital Board Advisory Committee in dental surgery and the Ancillary Workers' Committee of the General Dental Council. The success of a School Dental Service stands or falls clinically on its conservation programme—in other words how many teeth are being saved compared with how many teeth are being extracted due to decay. Graph 2 on page 21 shows the average number of fillings and extractions completed for each child treated and it will be seen from Graph 3 on page 22 that since 1956, when 1.3 fillings were completed to each extraction, the figure now is nearly 3.6 fillings to each extraction. In spite of these improved statistics it is necessary to remind ourselves that not many more than half the number of children under the Committee's care were inspected.

General Anaesthetics

Several Assistant County Medical Officers have attended post-graduate refresher courses at the Eastman Dental Hospital. This institution provides whole-time post-graduate study and enjoys international reputation. The clinical practice of general anaesthetics appears to be becoming more involved as time goes on to such an extent that one can visualise in the foreseeable future consideration will have to be given to employing people with special experience and qualification in this work. The young patients attending our clinics are ambulant and most of them are without pre-medication and these conditions call for great patience and skill from all the staff concerned. Heroics have no useful place in general clinical practice and the place for the treatment of special risk cases is in hospital and not in clinics. The advice has been taken of Dr. Victor Goldman, head of the Anaesthetic Department at the Eastman Dental Hospital as to equipment and drugs he considers advisable for emergencies and all the Divisions have been advised accordingly. With the staffing situation improving and more conservation of the teeth being undertaken the need for heavy general anaesthetic sessions should gradually fall and this is in fact happening in Essex. Anything that prevents a young child from being introduced to dentistry by way of tooth extraction is to be welcomed. The anaesthetic machines are serviced regularly, more particularly to check that the oxygen content of the gasses is correct. Each machine has a high pressure emergency oxygen circuit.


AVERAGE WORK
PER CHILD TREATED
3.0
2.0
1.0
FILLINGS
EXTRACTIONS
1955
1956
1957
1958
1959
1960
1961
1962
1963

Graph 2


FILLINGS PER
EXTRACTION
4.0
3.5
3.0
2.5
2.0
1.5
1955
1956
1957
1958
1959
1960
1961
1962
1963

Graph 3

Premises and Equipment

Throughout the County there are available 49 premises, each with one dental surgery and 18 other premises with more than one surgery, giving in all 84 dental surgeries. Treatment is also undertaken during school term time in hired premises in one locality but this accommodation is to be replaced by a new clinic.

The new clinic at Main Road, Dovercourt was brought into service during the year and it is a pleasant modern building with the dental suite occupying nearly the whole of the first floor. The opportunity was taken to install useful modern equipment and all the usual needs for dental practice are now catered for in first class premises in this part of the County.

Dental Auxiliary Workers

Two posts of dental auxiliary were created in January 1962 and the first of these was filled in September of that year. The reports from the Area Dental Officer in Leyton, under whose direct supervision the dental auxiliary works, indicate that progress is satisfactory. The second post was actually filled on the 3rd January, 1964, at the Central Clinic at Walthamstow and the first report is awaited. It will be recalled that this class of dental worker was instituted on the authority of the Dentists Act 1957 Part IV. The auxiliaries take a two year course of training at a special teaching school at New Cross General Hospital, set up by the General Dental Council, and after successfully passing the qualifying examination they are (a) permitted to undertake the filling of teeth and the extraction of deciduous teeth and (b) to be employed to do this type of work only in the National and Local Dental Health Services. After three years experience in the field (i.e. in 1965 for the first batch of trainees) the value of the experiment will be assessed. It is a regulation that the auxiliary worker will work to the prescription of a registered dentist and that she shall be employed in the same building as the dentist. In practice this means that an auxiliary can only be employed in multi-surgery clinics.

Orthodontics

The consultant orthodontist appointed by the North-East Metropolitan Regional Hospital Board continues to be based at Whipps Cross Hospital, Leytonstone and visits hospitals weekly in Southend, Chelmsford and Colchester. At present the consultant cover is just adequate to cover the needs of the Administrative County Area, but more Regional Hospital Board staff is needed to undertake treatment of some of the more complex cases which present at the Clinics. This branch of dentistry is highly specialised and very time consuming. A large number of the cases undertaken by dental officers benefit by supervision from consulting staff. A preliminary meeting at officer level between the Board and the local authority has already taken place when the orthodontic staffing situation in the region was reviewed. It was also suggested that the setting up of o regional orthodontic committee be considered. Close liaison with the Board will need to be continued so long as the local authority depends on the Board for its consulting service and does not employ its own staff of trained orthodontists. Some of the dental officers send cases to the London teaching hospitals for opinion and treatment and this help is greatly appreciated. The north-west of the County continues to look to the East Anglian Regional Hospital Board for consultant cover and a consultant visits Addenbrooke's Hospital, Cambridge, regularly. During the year 575 cases were completed compared with 629 in 1962.

Dental Appliances

The County Dental Laboratories at Walthamstow and Barking continue to fabricate a good proportion of the appliances and dentures needed for the School Dental Service as well as for expectant and nursing mothers who are treated by the authority under Section 22 of the National Health Service Act. The two Laboratories produced 811 orthodontic appliances and 205 dentures for the School Dental Service. 126 crowns, inlays and bridges for school children were also made along with all the ancillary work needed for these items. Some work is also let out to mechanics to the profession in the Administrative County.

Dental Research

Local Analgesia

Permission was given in 1959 for the staff to assist the Eastman Dental Hospital in assessing the value of a new local analgesic agent. Some of the dental officers were asked to use this solution in a double blind experiment. In July 1963 the results of the trial were published in the British Dental Journal under the title of " A Clinical Trial of a New Local Analgesic Agent " by Victor Goldman, F.F.A. and William Gray, F.D.S. The summary of the article states :—

> " A large scale clinical trial of a new local analgesic, L.67 (Citanest), was undertaken with the aim of obtaining an overall picture of the value of this new agent in dentistry. A form was devised to obtain all the relevant information about this new drug, as well as local analgesia in general. This form was completed for each patient.
>
> Two solutions of L.67 were compared with lignocaine in more than 12,000 patients.
>
> In this trial a 3% solution of L.67 with adrenaline 1 in 300,000 was found to be comparable with 2% lignocaine with 1 in 80,000 adrenaline and at a period two hours after injection the soft tissues were free from analgesia in a higher proportion of cases.
>
> The incidence of initial pain was lower, and immediate side effects were less frequent. The speed of onset of analgesia was found to be similar with both L.67 and lignocaine.
>
> In mandibular block analgesia there was no appreciable difference in duration between the solutions."

The authors wish to express thanks to all the people concerned in this trial.

Medicated Tooth Paste

In 1962, permission was given for the Research Staff of the London Hospital Dental School to carry out research with medicated tooth paste for children in some grammar schools in the County over a period of four years. The work is being carried out in the precincts of the schools in a specially designed mobile dental unit equipped with X-ray apparatus.

Post-Graduate Courses

Dental surgeons have attended courses arranged in London by the General Dental Council, the British Dental Association and Kodak Limited. Some dental surgery assistants also attended a special course run by Kodak on X-ray work and processing X-ray films. Two of the staff also attended the British Dental Association Annual Meeting at Oxford which is practically wholly a scientific meeting.

Hospital Appointments

The Area Dental Officer, Colchester, retains his one session per week hospital appointment with the Colchester Hospital Management Committee and has a temporary appointment in the Children's Department of the London Hospital School of Dental Surgery. Such appointments are to be encouraged and their results are twofold. First there is a helpful liaison with the appropriate hospital departments and secondly the extra experience for the officer concerned is valuable.

Mental Health Cases

The local authority has an obligation under the 1959 Mental Health Act to give dental cover for young persons under 16 years of age who are resident in hostels which are under the control of the local authority. A start has been made at Holliwell Lodge, Stanway, Colchester, and the children there are now having regular dental inspections in the hostel. Any necessary treatment is carried out at Shrub End Clinic, Colchester, by the Area Dental Officer, whence the children are always accompanied by a member of the hostel staff.

Dental Health Education

The five year campaign in Harlow is now in its penultimate year and the second circuit of the schools has started. The Ministry of Health dental officer, who is undertaking the inspections, carried out her interim programme early in the year but no comparative figures are available yet as to any reduction in the incidence of dental decay although the figures certainly indicate a change for the better in mouth hygiene practices. The dental health weeks—high intensity instruction on school premises—are followed up with talks, films and parent teacher meetings. The co-operation from the teaching staffs at Harlow is generally first rate. There have been preliminary discussions with the Aural and Visual Aids Section of the Education Department with the idea of making a ten minute colour film of the activities in Harlow. Other dental health teaching has been carried out in different parts of the County by request and it is extremely valuable to the dental staff to have this co-operation before inspections are carried out in schools which have not been visited for a long time.

The authorities at Saffron Walden Teachers Training College are very interested in having a dental health education week at the College for the benefit of the students and this idea was pursued. In fact at the time of writing a very successful week's visit has been paid to this training college. It is thought that any information passed on to student teachers would be most fruitful. Representatives from the St. Osyth's and Brentwood Colleges were invited and paid us a visit.

Dental health was also one of the features of the Department's exhibition at the Essex Show.

We are making and acquiring a most valuable set of " props " and films and colour slides suitable for all ages. It is perhaps unique in the country.

In December a letter jointly from the Chief Education Officer and the Principal School Medical Officer was sent to the heads of all schools pointing out the widespread concern as to the condition of children's teeth and reminding them of the efforts being made to train children in the care of the teeth. The letter pointed out the dangers of soft sugary foods which cling to the teeth, that these are broken down to acid and in time there is a resulting dissolution of tooth substance. The letter brought in the connection between indiscriminate selling of these foods in school tuck shops and the incidence of dental decay and it quoted the essential elements for dental health as follows :-

(1) Eat nourishing meals and nothing sweet and sticky in between.

(2) Finish meals with raw fruit or vegetables or rinse the mouth with water.

(3) Brush teeth and gums regularly after breakfast and always last thing at night.

(4) Have regular dental inspections.

It is wrong that practices opposed to health teaching should be carried out on Education Committee premises.

Artificial Fluoridation of water supplies to reduce the dental decay rate

The controversy on this subject continues unabated and it may be opportune to refer to the facts in some detail. I think it is true without doubt that nothing but good can come from adding a fluoride to water to enrich its fluoride content up to 1 part per million (1 p.p.m.). The reverse applies too and water supplies with a fluoride content much in excess of 1 p.p.m. could well be treated to reduce the amount and so eliminate the risk of objectionable mottling of the teeth. The terms " mottling " or " dental fluorosis " are used to denote spots or flecks of opacity in the enamel of the teeth. Some of these opacities are idiopathic; that is, they are formed during development but have no connection with the fluoride content of the water, but some of the opacities occur as a direct result of the fluoride content in water. In severe cases some of the opacities are stained and cosmetically objectionable. The question of fluoride in water assumes a particular interest in Essex because there are low fluoride areas such as Saffron Walden in the county and high fluoride areas like West Mersea, Burnham-on-Crouch and Colchester. Indeed West Mersea has the highest fluoride content in the country, namely 5.8 p.p.m. It is interesting then to compare the incidence of dental decay in different parts of our own county and indeed the results of investigation by dental surgeons from outside the County Council Authority.

In 1956 Miss Jean R. Forrest, Dental Officer at the Ministry of Health, published in the *British Dental Journal* the result of an investigation she undertook in 1954 and the following statistical tables are given from her report :—

Table I.—The relation between the fluoride content of water and caries experienced among children aged 12-14 years.

Area	*Fluoride content of water p.p.m.*	*Number of children examined*	*Average No. of children D.M.F.* teeth per child*	*Children caries free %*
West Mersea ...	5.8	51	2.8	24
Burnham-on-Crouch ...	3.5	62	1.4	50
Harwich	2.0	92	1.5	35
Slough	0.9	119	2.6	30
Saffron Walden and District, Essex ...	0.1	145	6.6	4
Stoneleigh and Malden West, Surrey ...	0.1-0.2	114	6.1	8

* Decayed, Missing or Filled Teeth

Table II.—Caries experience in first permanent molars Children aged 12-14 years

Area	*Fluoride content of water p.p.m.*	*No. of children examined*	*First permanent molars*			
				Defective		
			Sound %	*Decayed %*	*Filled %*	*Missing %*
West Mersea ...	5.8	51	61	17	20	2
Burnham-on-Crouch	3.5	62	76	6	17	1
Harwich	2.0	92	68	17	14	1
Slough	0.9	119	59	9	27	5
Saffron Walden and District, Essex ...	0.1	145	22	23	43	12
Stoneleigh and Malden West, Surrey ...	0.1	114	22	23	44	11

It is clear from Table I that there is a markedly low incidence of caries in the high fluoride areas. This is apparent also in Table II which gives a comparison of caries experienced in the first permanent molars which are generally considered the most vulnerable teeth in childhood. In the high fluoride areas between 59% to 76% of these teeth were entirely sound, while in the low-fluoride areas only 22% were free from decay.

It must be understood that in areas where the fluoride content is more than about 1.5 p.p.m. then there is a danger of objectionable mottling with no further great reduction in dental decay. In figure I below it is shown that the optimum content with the minimum of mottling is between 1 and 1.5 p.p.m. The community index of mottling shown on the right vertical axis of figure I is the indication of the severity of mottling e.g. 0.5 on the scale shows " questionable "; 1.0 on the scale shows " very mild "; 2.0 " mild " 3.0 " moderate "; and 4.0 " moderately severe." " Questionable " and " very mild " mottling are not noticeable except to a trained observer.

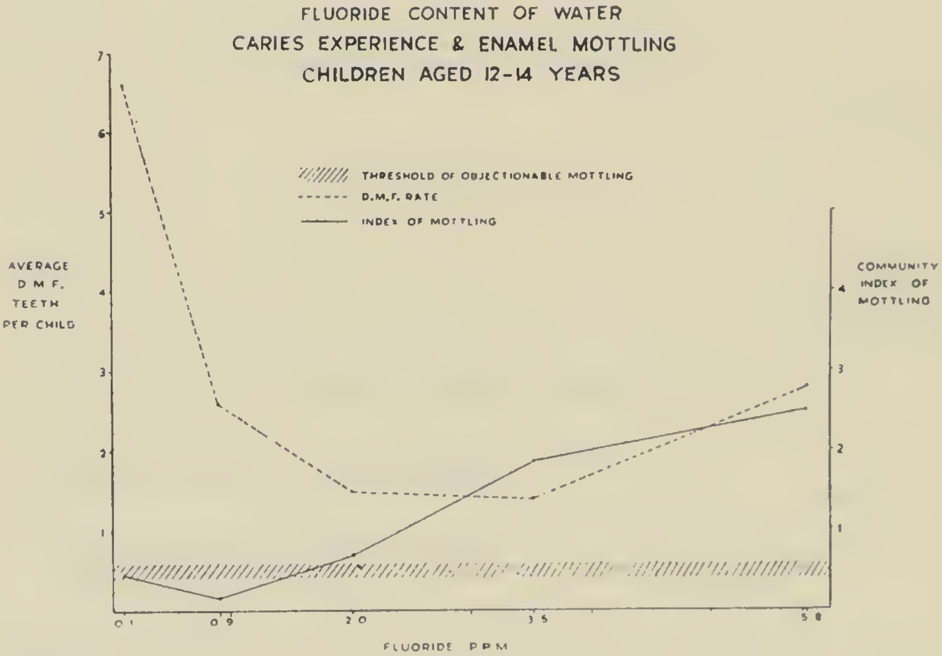


Figure I

Another interesting study in the County is one undertaken by P. M. C. James, M.D.S., D.P.D., Director of the Department of Children's Dentistry at the Royal Dental Hospital, London, and published in the *British Dental Journal* in 1961 under the title of " Dental Caries Prevalence in High and Low Fluoride Areas of East Anglia." It involved Essex children and also children from

Norfolk. Mr. James inspected children in a low fluoride area in Norfolk, children in Chelmsford with a non-continuous supply of fluoride water and children in Colchester some of whom had had non-continuous fluoride water supply and some a continuous supply of fluoride water. Mr. James states that the intermittent fluoridation in the Chelmsford water had been of some benefit to the teeth. More striking however is the representation pictorially of the D.M.F. values of twelve year old children from Norfolk (low fluoride) and Colchester (non-continuous fluoride) and Colchester (continuous fluoride) shown below :—

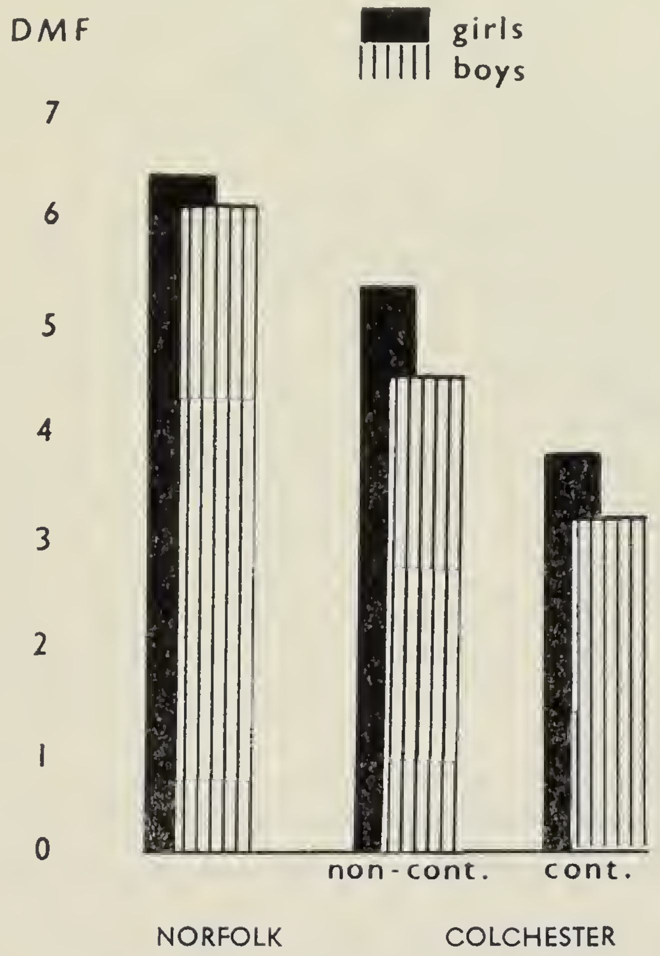


Figure II

The most telling report on this question, however, was published jointly in 1962 by the Ministry of Health, Scottish Office and Ministry of Housing and Local Government in the Public Health and Medical Subjects Report No. 105 under the title of " The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years." In this official Report the three tables given on pages 35 and 36 show the conditions of the dentition of the children in the study areas in Watford, Kilmarnock and Anglesey (part) and those of the control areas Sutton, Ayr and Anglesey (part) and the three tables are reproduced in full.

Changes in the Three Study and Three Control Areas Combined

(a) Average Number of Carious Teeth per Child

Children Aged:	*Study Areas*			*Control Areas*			*Adjusted‡ Percentage reduction in study areas*
	Average No. of carious teeth per child (dmf)		*Percentage Reduction*	*Average No. of carious teeth per child (dmf)*		*Percentage Reduction*	
	Baseline	1961		*Baseline*	1961		
3 years* ...	3.80	1.29	66	3.53	3.32	6	64
4 years* ...	5.39	2.31	57	5.18	4.83	7	54
5 years† ...	5.81	2.91	50	5.66	5.39	5	47
6 years† ...	6.49	4.81	26	6.32	6.22	2	24
7 years† ...	7.06	6.05	14	7.08	6.89	3	11

* Full dentition.

† Deciduous canines and molars only.

‡ That is, after adjustment for the change in the control areas.

(b) Percentage of Children free from Caries

Children Aged:	*Study Areas*			*Control Areas*			*Adjusted ‡ Percentage increase in study areas*
	Percentage of children free from Caries		*Percentage Increase*	*Percentage of children free from Caries*		*Percentage Increase*	
	Baseline	1961		*Baseline*	1961		
3 years* ...	32.5	60.5	86	37.9	39.3	4	79
4 years* ...	22.2	42.0	89	20.6	26.9	31	44
5 years† ...	8.1	30.9	281	8.4	12.1	44	165
6 years† ...	6.2	14.0	126	5.8	8.4	45	56
7 years† ...	4.0	7.7	93	4.8	5.4	26	53

* Full dentition.

† Deciduous canines and molars only.

‡ That is, after adjustment for the change in the control areas.

(c) Percentage of Children with 10 or more Carious Teeth

Children Aged:	*Study Areas*			*Control Areas*			*Adjusted ‡ Percentage reduction in study areas*
	Percentage of Children with 10 or more carious teeth (dmf)		*Percentage Reduction*	*Percentage of Children with 10 or more carious teeth (dmf)*		*Percentage Reduction*	
	Baseline	1961		*Baseline*	1961		
3 years* ...	14.9	1.7	89	14.2	13.2	7	88
4 years* ...	21.4	3.6	83	19.0	19.0	Nil	83
5 years† ...	14.6	1.6	89	13.6	11.5	15	87
6 years† ...	17.4	8.8	49	16.4	15.2	7	45
7 years† ...	21.4	15.4	28	22.5	22.1	2	27

* Full dentition.

† Deciduous canines and molars only.

‡ That is, after adjustment for the change in the control areas.

The striking difference in the dental condition of the children of the study areas compared with that of the children in the control areas is plainly seen in the extreme right hand column of each table and is self explanatory.

The safety of fluoridation of water supplies has also been criticised but in this respect I quote the summary and conclusions given on page 49 of the Report and this reads :—

> " No harmful effects from the addition of one part per million of fluoride to drinking water have been demonstrated in any of the extensive medical evidence collected and reviewed by the Research Committee.
>
> The Research Committee is of the same opinion, therefore, as the World Health Organisation's Expert Committee on Water Fluoridation, which, in 1958, reported 'The most convincing evidence of the safety of water fluoridation comes from the numerous population groups (3 million in the U.S.A., 0.5 million in England) who have drunk naturally fluoridated water containing 1 p.p.m., or more during their lifetime. In these groups water drinking has been, of course, uncontrolled and there have been well and ill babies, as well as healthy young adults and frail elderly people. Medical practitioners and specialists in these areas have never detected or defined a systematic aberration in health of any kind related to the fluoride consumed'."

After detailing the more important evidence, the World Health Organisation's Expert Committee concludes " All these findings fit together in a consonant whole that constitutes a great guarantee of safety—a body of evidence without precedent in public health procedures."

The Ministry's Research Committee agrees with these conclusions. In its opinion the raising of the fluoride content of drinking water to a level of 1 p.p.m. is safe.

The fluoridation picture in America may be seen by studying the contents of the journal of the American Waterworks Association which periodically publishes what it calls the status of fluoridation of the U.S.A. and Canada. The latest of these surveys (May, 1963) shows that up to the end of 1961, 1,329 water supply systems, serving a population of 43,700,000 had fluoridation schemes working and this with 7,300,000 people who use naturally fluoridated water gives a grand total of some 51,000,000 people consuming fluoridated water. It is of interest to note that of the eleven largest cities in the U.S.A. with the exception of Los Angeles all have adopted a fluoridation scheme. The cities are New York (expected to start in September, 1964), Chicago, Philadelphia, Detroit, Baltimore, Cleveland, Washington (D.C.), St. Louis, San Francisco and Milwaukee. The June 1963 issue of the journal of the American Waterworks Association repeats the Association's policy statement regarding fluoridation which was first enunciated in 1949 and re-affirmed without change as recently as June 1962, and this reads :—

> " In communities where a strong public demand has developed and the procedure has the full approval of the local medical and dental societies, the local and state health authorities, and others responsible for the communal health, water departments or companies may properly participate in a programme of fluoridation of public water supplies."

The process of fluoridation is referred to and recommended :—

> " Not only as a proven scientific procedure, but also as an accepted adjunct of water treatment processes."

Such then are the clinical facts.

I think the following statement made in 1918 by the Chief Medical Officer of the Board of Education is still apt.

> " We have reached as it seems to me the end of the first stage of the pioneering work of the School Dental Service. The prevalence of dental caries in children of all ages has now been abundantly confirmed by the discovery of the wide prevalence of dental disease in insured persons and in soldiers and the need of organised treatment is demonstrated beyond question.
>
> It is conclusively proved that if the teeth and mouth of the child are maintained in perfect health the amount of dental attention subsequently needed is greatly reduced. Hence school dentistry is largely prophylactic and preventive."

J. BYROM.

SPEECH THERAPY

The table below gives details of those children with speech defects who were receiving treatment at the end of 1963 at speech therapy clinics provided by the County Council

Analysis of Children receiving Speech Therapy at the end of 1963

Speech Defect	Number of Children							
	Under 5 years of age	Attending infant schools	Attending junior schools	Attending secondary schools	Attending special schools	TOTALS		
						1963	1962	1961
Delayed development, including aphasia	(82) 69	(142) 89	(59) 44	(11) 12	(88) 72	286	382	252
Defect of articulation	(87) 92	(641) 593	(326) 338	(62) 42	(78) 66	1,131	1,194	1,404
Stammer	(12) 13	(51) 43	(115) 94	(134) 104	(13) 18	272	325	380
Stammer and articulation defect combined	(3) 3	(24) 18	(27) 13	(4) 6	(8) 4	44	66	90
Defect associated with hearing loss	(4) 3	(19) 20	(19) 21	(4) 4	(9) 6	54	55	46
Disorder of voice	(6) 2	(14) 10	(19) 17	(14) 3	(9) 3	35	62	51
Unclassified	(10) —	(15) 15	(16) 15	(4) 6	(33) 16	52	78	58
TOTAL 1963	182	788	542	177	185	1,874	—	—
1962	204	906	581	233	238	—	2,162	—
1961	216	919	618	291	217	—	—	2,261

NOTE: Figures in parenthesis relate to 1962

CHILD GUIDANCE SERVICE

The demand on the Child Guidance Service has continued during the year and without exception the number of referrals to each Clinic within the Administrative County has shown an increase over the previous year and a table showing this gradual increase over the past three years and the source of referral is given later in this report.

Reference was made in my Report for the year 1962 to the appointment of Dr. W. R. Little to the post of part-time Consultant to both the Leyton Child Guidance Clinic and the Whipps Cross Hospital Paediatric/Psychiatric Unit and I am indebted to Dr. Little for the following report which he has submitted on behalf of himself and Dr. Hinden, Paediatrician, on the work carried out at the Unit :-

> " Since 1st October, 1962, 102 children have completed a course of treatment lasting for an average of 33 days in the paediatric/psychiatric unit. The education services co-operated by allowing 17 children to go out to local schools with great benefit to the children concerned. The teaching time of Mrs. Wragbourne, the hospital teacher, was increased and a full-time occupational therapist's post has been advertised.
>
> It has become the policy of the unit to set aside an active ward where the children admitted for psychiatric reasons can be treated apart from the physically sick children. This will be put into effect as soon as certain alterations to one of the two wards can be put into effect.
>
> I have followed up the children admitted in the last quarter of 1962, and results for 18 children are as follows; of 3 only slightly improved, 2 improved further within a year of discharge. Of 9 definitely improved, one relapsed and one became much improved; the remaining 7 being much the same. Of 4 much improved or cured, one relapsed and the remainder were still much improved.
>
> These results alone may be thought to justify the experiment of caring for children with these kind of difficulties, on a first aid basis, as the results persist over a short term follow up of a year."

Staffing

The establishment and staff in post at the end of December, 1963, are shown in Appendix H.

Referrals

The following table shows how cases were referred to Child Guidance Clinics during the year.

Source of Referral	1961	1962	1963	*Expressed as percentages* 1961	1962	1963
School Medical Officers and Health Visitors	487	612	544	29.1	31.3	25.0
General Practitioners .	263	335	410	15.7	17.1	18.9
Consultants	129	135	182	7.7	6.9	8.4
Educational Psychologists.	205	227	303	12.2	11.6	14.0
Head Teachers	152	142	233	9.1	7.3	10.7
Children's Officer . .	45	63	53	2.7	3.2	2.4
Probation Officers ..	66	57	62	3.9	2.9	2.9
Magistrates	104	126	122	6.2	6.4	5.6
Direct Referrals (parents. etc.)	217	228	344	13.0	11.7	11.2
Others	7	29	19	0.4	1.5	0.9
Totals	1,675	1,954	2,272	100	100	100

Further information about pupils dealt with is to be found in Appendix B to this report.

The School Psychological Service

The Chief Education Officer, to whom I am indebted, has supplied me with the following report by the Psychologist to the Education Committee on the School Psychological Service for the year 1963 :—

> " This year rather more children have been seen by the psychologists than in 1962—3,792 as against 3,000. As in previous years, this almost certainly does not reflect accurately the number of childen requiring specialised help, but merely what can be done with the resources available.
>
> The Educational Psychologists have, as before, operated as members of the Child Guidance Clinics' teams and have provided a School Psychological Service for their particular areas. In certain of the clinics facilities for training student educational psychologists have been afforded. Miss Marshall has been invited by the National Association for Mental Health to serve on a Committee considering the child psychiatric services with particular reference to local authority Child Guidance Clinics. This Committee has met six times during the year and is preparing a written statement. Lectures to various teacher and parent groups have also been provided in various parts of the County by several of the psychologists,

and a particular problem which has continued to receive priority has been that of helping the backward child, particularly by means of remedial teaching.

In the Barking area the survey of reading difficulty in the Secondary Schools which was mentioned in last year's annual report has now been completed, and the additional figures confirm the conclusion drawn last year that there is a need for remedial classes for Secondary School children who have failed to learn to read but who have the intelligence to make good progress in such a class. The number who need these facilities is small but these few are in great need of more intensive remedial teaching. They also need to be relieved from the situation, unavoidable while they remain in ordinary classes at secondary school level, where most of the children read fluently and where they are set written work in a number of subjects—English, History, Geography, etc. and, because of their reading difficulty, they are quite unable to cope with the spelling involved in putting down in writing their imaginative ideas or the facts they have learnt. Until they have mastered the basic tools of reading and spelling they merely waste their time and become increasingly frustrated in lessons where the work demands a standard of literacy they have not yet achieved. It would be of much more help to them and would result in quicker progress if they were taught temporarily, until they have mastered these basic skills, in classes where all the written work set was at the same level as their reading. The written work could then be geared to keep pace with their reading, so that they could use a gradually increasing vocabulary in their written work as they increased their reading vocabulary. In a small group they would also have more opportunity to learn to read words from their written work by asking how to spell new words they wanted to use in writing. There could, in this way, be a two-way process in which the child's reading practice helps his written work and his written work helps his reading, as of course happens with the normal infants' school child who learns to read at the expected time. In a small special class, individual work can be set so that each child can go at his own pace and the needs of children with different degrees of reading difficulty can be met. This would seem to be an urgent need in this particular area.

During the past year the waiting list for special remedial classes has grown enormously, to the extent that in Ilford for example, the children are now having to wait for about a year from the time their names are placed on the waiting list to the time of admission. While this is unfortunate it is at the same time encouraging to note that very few of the children on the waiting list are of secondary school age, so it seems that a greater number of children are being referred at a young age. Ilford has excellent remedial facilities, but the length of the waiting list suggests that it needs to increase the number of special classes when this is possible.

In Mid-Essex the School Psychological Service is very fully used by the schools in the Division. Nevertheless, both Psychologists feel that the concept of a preventative service is not completely appreciated by some head teachers. All too often they are consulted when the disabling condition is already in an advanced stage. Some head teachers do not appear to be aware that the service exists for the benefit of all children, and is not confined to the use of backward children who are, in their view, unsuitable for education in the ordinary school. There is a great demand for the services of the remedial teachers both in the clinic and in the schools, where an expansion of the remedial services would be of great value. The number of remedial teaching sessions at the Child Guidance Clinic during 1963 was 1,181. This service can, however, only be utilised by children within easy travelling distance of the Chelmsford clinic. In the remoter parts of the Division the establishment of remedial teaching centres is urgently needed. There are still some areas in the Division where no provision for retarded children exists at all, although the two Peripatetic Teachers do some valuable work.

In North-East Essex the Psychologist has collaborated with two of H.M. Inspectors in re-organising the remedial teaching of reading. Mrs. Lamonby now takes daily remedial courses at a school for a limited period rather than visit the school once or twice weekly over the year. This means, of course, that the remedial teaching facilities are available to a much smaller number of schools, and it will be interesting to see how this experiment turns out.

All the psychologists preserve a close liaison with special schools in their areas, advising both heads and teachers when problems arise. Co-operation with all other agencies concerned with child welfare by means of personal discussion, or to the giving of lectures to relevant groups, characterises the psychologist's mode of operation. Consistently psychologists stress the benefits that accrue from early referral, be it from schools, general practitioners, school medical officers, or whatever the source.

It is customary at this time to draw attention to changes of staff which have taken place since the last report, and it is therefore relevant to state that the most important change of all has taken place within 1963. All who know Dr. Bartlett, or have worked with her, will agree that Essex and her profession have suffered a great loss by her retirement."

HANDICAPPED PUPILS

Appendix C to this report gives a summary of the numbers of children ascertained at the end of 1963 as handicapped pupils requiring special education. The total number so ascertained was 12.3 per thousand of the school population which figure is the same as for 1962.

Blind and Partially Sighted Pupils

At the end of 1963 there were 46 children ascertained as being blind and of these children 42 were placed in boarding schools, 1 was attending an independent school and 3 were awaiting placement. There were 79 school children ascertained as partially sighted pupils, 44 of whom were attending special schools as day pupils, 29 were in boarding schools and 6 were awaiting placement in either day or residential schools.

There has been a very gradual decrease in the number of blind pupils over the past ten years, which fact is illustrated in the following figures which show the incidence per thousand :—

1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
0.23	0.22	0.24	0.23	0.21	0.20	0.20	0.19	0.17	0.16

During 1963, 3 children were newly assessed as needing special treatment at special schools or in boarding homes because of blindness compared with 5 in 1962.

The number of children ascertained during the year as being partially sighted totalled 11, this being the same as for the previous year.

The provision of special educational facilities for blind and partially sighted pupils not only provides them with a sound general education but also offers the same opportunities for further education as are afforded to more fortunate normal sighted pupils and in this respect it is pleasing to record that a pupil at the Worcester College for the Blind who formerly attended the East Anglian Schools, Gorleston, has been accepted by the University of Birmingham to read Mathematics and he has been awarded a County Scholarship.

The Joseph Clarke School for the Partially Sighted, which has an extensive catchment area, continued to meet the demands on its resources and in September an extra classroom became available upon the closure of the William Morris Technical School annexe. At the end of the year there were 48 children on roll. Of this number, 41 were Essex children who came from Barking, Basildon, Chigwell, Chingford, Dagenham, Harlow, Hutton, Ilford, Leyton, Loughton, Rainham, Romford, Stondon Massey, South Ockendon, Upminster, Walthamstow, Woodford Green and the remainder were Middlesex children from Edmonton, Enfield, Palmers Green, Tottenham and Wood Green.

At the end of the year the visual acuity/Snellen after correction in the school was :—

7 children had acuity of less than 6/60
16 children had acuity of 6/60
12 children had acuity of 6/36
10 children had acuity of 6/24
11 children had acuity of 6/18

There were two young children whose visual acuity has not been accurately ascertained and monocular vision existed in only 20 children.

The average number on roll during the year was 46.3 with an average attendance of 40.6 and during the year 10 children were admitted and 10 were taken off the roll as follows :—

1 transferred to London County Council, Partially Sighted School
1 transferred to Partially Sighted Grammar School (Residential)
3 transferred to normal schools
1 transferred to Training Centre
3 to employment
1 to take a course of Secretarial Training

Deaf and Partially Hearing Children

Eleven children were ascertained as requiring special educational treatment because of deafness during 1963, an increase of seven over the figure for 1962. There was also a slight increase in the number of children ascertained as partially hearing, the figure for 1963 being 21 as compared with 20 for the previous year. During the year 10 deaf pupils and 17 partially hearing pupils were newly placed in special schools and at the end of the year 2 deaf pupils and 5 partially hearing pupils were awaiting placement in either day or residential schools.

The William Morris School for the Deaf in Walthamstow continued during the year under review to serve a wide catchment area, pupils being drawn from the South-East Essex, Walthamstow, Harlow, Forest, Romford, Barking, Dagenham, Ilford and Leyton Divisions.

When the school re-opened in January 1963, 56 children were on the roll and during the year 7 children were admitted and 16 left. Of the leavers, 7 left to take up employment, 2 to proceed to residential schools, 4 to proceed to other schools and 3 to obtain further training.

For the first time for many years there is a waiting list for admission to the school and little possibility of admitting any children until September 1964. This is due to staff shortage and is unfortunately a problem shared with many other schools for the deaf.

In my report for the year 1962 mention was made of the new unit for deaf children which was opened at the Glebe School in Rayleigh and I am indebted to Dr. A. Yarrow, Divisional School Medical Officer, South-East Essex Division, for the following report :—

> " It was originally intended that this unit should serve the South-East Essex and South Essex Divisions as well as Basildon. The number of deaf infants coming to light in South-East Essex, however, has been so great that the nursery class is now completely full (7 children) and indeed

> there is a waiting list. Most of these children are from South-East Essex and it appears likely that in future, the unit will have to accept children from South-East Essex and Basildon only and that the South Essex authorities will need to plan for their own facilities.
>
> Owing to inability to recruit a second teacher it has not proved possible to open the separate class for the four partially hearing children at the Glebe Infants School, but these are in fact obtaining a good deal of individual attention at the unit.
>
> Looking forward to the future, plans have been put in hand for a further class for partially hearing children of junior school age at the Edward Francis school now being built nearby in Rayleigh.
>
> Co-operation between the Health Department and the staff at the Glebe School has been excellent and I am much indebted to Miss Bayley, the head teacher and Miss Golland, the nursery unit teacher. We have had a number of visitors to the unit which may well serve as a prototype for Essex. There has been some criticism that such units tend to " hang on " to children more properly placed at schools for the deaf (at one end of the scale) or at ordinary schools (at the other end of the scale). We do regard the nursery class, however, very much as a diagnostic unit and one child, now aged three, who has had a year long trial but is too deaf ever to be likely to hold his own in a class for partially hearing children, is shortly to be moved to a school for deaf children. An older child admitted for a short period only will later in the year be returning to her ordinary day school."

It will be appreciated, however, that not all partially hearing children attend special schools for their particular handicap and many pupils under the supervision of the peripatetic teacher of the deaf attend ordinary schools while wearing hearing aids.

Conversely, on the recommendation of the Divisional Executive made after considering the views of the headmistress of the Rayleigh Glebe Infants School and on the advice of the Senior Peripatetic Teacher for partially hearing children it was agreed in October 1963, that subject to a report after six months and to the agreement of the parents, 2 hearing children of nursery school age be admitted to the Partially Hearing Unit. In this way the partially hearing children will be able to see as well as hear that speech is the normal way of communication between children and adults and, as the hearing children would be carefully selected, they should gain socially. A report by the peripatetic teacher of the deaf and partially hearing appears in appendix F to this report.

Delicate Pupils

There was a considerable reduction during 1963 in the number of children ascertained as requiring special educational treatment because of their being delicate. During the year under review 80 children were so ascertained compared with 114 during 1962. At the end of the year 28 delicate pupils were awaiting placement in day or residential schools.

The tendency to deal with delicate and physically handicapped pupils together continued during 1963 and once again I am grateful to Dr. R. D. Pearce, Divisional School Medical Officer, for the South Essex Division for the following report on the work undertaken at the Grays Open Air School :—

> " Remedial treatment continued throughout the year. The Junior and Infant children had rest on beds for ¾ hour daily and the Seniors had a daily quiet period of ½ hour. A number of children made periodic check-up visits to local hospitals and some to London hospitals. One boy had a period of 9 weeks in-patient treatment at the Hospital for Sick Children, London, at the beginning of the year.
>
> Attendances at school were not very good, particularly in the early part of the year when we had severe winter weather. However, one boy made a complete year's attendance. This was particularly gratifying in his case because when first admitted to the school four years ago he had to be withdrawn for a period of some weeks owing to his heart condition.
>
> There were few new admissions during the year—17, as compared with 53 ten years ago. There were also more leavers than for some years past so that the number of children still in school at the end of the year was small, namely—63. Of these, more than ⅔ were boys. The greater number of new admissions were aged 8 or under. Routine audiometric testing has been carried out at the school. The average length of stay of the leavers was :—
>
> | | |
> |---|---|
> | Boys ... | 4 years |
> | Girls ... | 4 years 10 months |
>
> The average increase in height was very slight, more in boys than girls but the average increase in weight was greater in girls than in boys, thus continuing the pattern of the previous two years.
>
> The pattern of medical conditions showed no change from that of previous years."

Educationally Sub-normal Children

During the year under review 300 children were newly assessed as needing special educational treatment at special schools or in boarding homes because of educational sub-normality. This compares favourably with the figure of 335 recorded during 1962.

The Mead Special Day School, Nazeing, for educationally sub-normal pupils, continued to function during the year in quite unsuitable premises and because of this the unstinting efforts of the staff under the most trying conditions deserve recognition. It is hoped, however, that their efforts will be rewarded when the school moves to new premises in Harlow. Early in the year accommodation was provided for up to 20 senior pupils from this school at Burnt Mill County Secondary School, Harlow, and at the end of the year the total number of pupils on the roll at the Mead School was 57.

The Margaret Brearley School for the educationally sub-normal had 91 on roll at the beginning of the year and during the year new entries totalled 24. In the course of the year 3 girls were transferred to residential schools, 2 subsequently returning to Margaret Brearley School and 8 boys and 6 girls left to take employment. Four younger children who had been on trial were transferred to the Junior Training Centre and one pupil was transferred to a secondary modern school.

An achievement worthy of note is that during the year, entries from the school gained second and fifth places for cooking in the Walthamstow Arts and Crafts Exhibition out of a total of 480 entries.

Reference was made in my previous report to the Treetops School, Grays, and the fact that alterations were being made to two classrooms in order to provide additional accommodation. These alterations were completed during the year and subsequent to the appointment of another teacher an additional class started in April. The number of children on roll at the end of the year was 75, of which 21 were admitted during the year. Of 3 children who left " over age " 2 are in work and 1 unemployed. Two children were transferred to other schools and 1 to hospital.

The Havering Grange School, Romford, which was opened in September 1962, and designed to cater for 100 children was still unable to accept its full complement because of staffing difficulties but at the end of the year the number of children in attendance had increased to 72 including some children from the Mid-Essex Division but there is still a considerable waiting list.

In order to dissipate the present waiting lists and to increase the total provision in schools for the educationally sub-normal, additional schools are planned throughout the County, examples being the proposal to build a residential special school at St. Osyth for 120 pupils; the establishment of a special school in the Northern part of the South Essex Division and for the former Dacre Primary School to be adapted as a day special school to provide accommodation for up to 140 educationally sub-normal pupils; a new Day Special Educationally Sub-normal School to be named the Hayward School and which is expected to be completed in March 1964, to be built in Chelmsford; and a new Day Special Educationally Sub-normal School to be named the Cedar Hall School to be erected at Thundersley for 120 pupils with future provision if necessary for an additional 40 pupils.

Maladjusted Pupils

During the year 116 children were newly ascertained as maladjusted, compared with 105 during 1962. A total of 94 maladjusted pupils were newly placed during the year and at the end of the year 2 were awaiting placement in special day schools and 80 in special residential schools.

It is however proposed to build a residential school to accommodate 45 senior maladjusted boys which it is hoped will help solve the current problem in finding placements for this category of pupil. The site of the school is in the middle of a former large heath, the eastern half of which was Lexden Heath and the western half Stanway Heath and the school is to be named The Heath School, Stanway.

Epileptics

During 1963 only 3 children were ascertained as requiring special educational treatment because of epilepsy, this being exactly half the number so ascertained during the previous year.

At the end of the year, 3 epileptic children were attending special day schools, 22 were attending residential schools and 1 was attending an independent school.

It is pleasing to record that no child was awaiting placement.

The incidence of epileptic children continued to fall and in 1963 was 0.9 per thousand school population compared with 0.11 in 1962 and 0.13 in 1961.

Physically Handicapped Pupils

During the year 50 children were assessed as requiring special educational treatment at special schools or boarding homes because of physical handicaps, this being a reduction of 4 on the number of children so assessed during the previous year. The number of physically handicapped children newly placed during the year totalled 39, a decrease of 19 over the figure for 1962. The number of children remaining unplaced at the end of the year was 20, of whom 7 were awaiting placement in day special schools and 13 in residential schools.

The Benton Open Air School in Ilford continued to cater for physically handicapped children during the year, and the work proceeded smoothly with the maximum co-operation with hospitals and consultants. The actual number of children on roll varied between 63 at the beginning of the year and 64 on 31st December, 1963.

During the Christmas holidays, however, as anticipated in the previous report, the old school building was vacated and the Benton School together with the Cerebral Palsy Unit at Becontree moved into the new Ethel Davis School in Barley Lane, Ilford. It is hoped that much improved facilities at this new school, including a treatment pool, will produce even better results and it is proposed to start a nursery class in the coming autumn.

During 1963 the number of children on roll in the Cerebral Palsy Unit varied between 20 and 24, admissions being from Ilford, South Essex, Romford and Forest Divisions and at the end of the year 2 children from Dagenham Division were awaiting admission.

At the Wingfield House School for the Physically Handicapped, Walthamstow, there were 81 children on roll at the end of the year, drawn from the Walthamstow, Leyton, Harlow and Forest Divisions and also from Middlesex. During the year there were 15 admissions, giving an average weekly roll of 83.9 and an average attendance of 63.6.

The 81 children on roll at the end of the school year were classified as follows :—

Delicate	14
Epileptic	2
Maladjusted	4
Physically Handicapped	61

B.C.G. VACCINATION

The scheme for vaccinating school children and students attending establishments for further education in order to give protection against tuberculosis continued during the year and the following table gives an indication of the work carried out.

Division (1)	*Number of children skin tested* (2)	*Positive reactors at preliminary test*		*Number of children who received* B.C.G. *vaccination* (5)
		Number (3)	*Percentage* (4)	
North-East Essex	1,074	88	8.2	946
Mid-Essex	2,366	261	11.0	2,105
South-East Essex	754	49	6.5	659
South Essex	3,373	302	8.9	2,834
Forest	1,824	130	7.1	1,584
Romford	1,672	66	3.9	1,455
Barking	704	72	10.2	632
Dagenham	1,023	60	5.9	963
Ilford	908	30	3.3	854
Leyton	632	65	10.3	517
Walthamstow	363	57	15.7	306
Harlow	727	92	12.7	528
Basildon	344	16	4.7	328
Colchester	656	46	7.0	591
Total	16,420	1,334	8.1	14,302

For purposes of comparison, the results of Tuberculin tests of school children carried out prior to B.C.G. vaccination during the last seven years were as follows :—

	1957	1958	1959	1960	1961	1962	1963
Number of positive reactors	1,353	1,318	1,097	1,903	1,530	1,604	1,334
Percentage of positive reactors amongst children tuberculin tested	12.2	11.0	8.9	9.4	7.6	9.4	8.1

INFECTIOUS DISEASES

The table at Appendix D to this report shows the total number of notifications of infectious and other notifiable diseases in school children received during 1963. The total of 15,207 shows an increase of 10,018 over the total for the previous year and this increase was in the main due to the fact that 1963 was a cyclic " measles year," there being 12,903 cases notified compared with 3,887 in 1962 and 17,462 in 1961.

There were also noticeable increases in the number of cases of whooping cough notified, 740 as against 215 and Dysentery 732 as against 174 in 1962.

An incident of particular note was an outbreak of infective hepatitis which occurred in the Stambridge area of the Rochford Rural District. Stambridge Primary School was the centre of this outbreak which actually started in September 1962, when two children in the same family, both of whom attended this school, and one adult from the same area were notified as suffering from the disease. In January 1963, 2 further girls were notified and then almost two months passed before the next case occurred. This was a school boy aged 6 years and from the 20th March onwards the outbreak became explosive. Early in April the Epidemiological Division of the Ministry of Health was contacted and during the Easter holidays a medical officer of the Ministry of Health and another from the Ministry of Education visited jointly to discuss the situation. It was agreed that in the face of the continuing epidemic, gamma-globulin offered some chance of successfully bringing it to a halt and that it could not reasonably be withheld. By this time 17 children had had the disease and on the first day of term, 29th April, 56 of the remaining 66 children were given gamma-globulin and 2 of the 3 teachers and 2 of the 3 kitchen staff also consented to receive this substance.

Subsequently 3 further cases occurred in children at the school, 2 of these were in immunised children and the onset occurred two and ten days respectively after injection. The third case occurred five weeks after the beginning of term in a child whose parents had refused consent to inoculation despite a previous case in the family. A fourth case at the school was the school teacher who had refused inoculation and the onset was 12 days after the start of term. Despite all these re-introductions of infection into the school, however, no further cases occurred.

At the Kennylands Residential School there was a considerable incidence of influenza in February which necessitated the opening of a dormitory as an addition to the sick bay for nursing purposes and it was necessary to enlist the services of the British Nursing Association in Reading.

HEALTH EDUCATION

The importance of health education has become widely accepted in the promotion of health and during 1963 an increasing number of talks were given to groups of children in schools and youth clubs. These talks were usually illustrated by visual aids, films and competitions in the form of essays or poster designing and covered a wide range of subjects including smoking, prevention of accidents, foot health, mothercraft, care of the skin and the mouth-to-mouth method of resuscitation.

The dangers of smoking and its connection with lung cancer were subjects which were given a great deal of prominence and assistance in this work was given by mobile units of the Central Council for Health Education which visited secondary schools by arrangement to give talks illustrated by films and hold discussion groups. Thus the seed once sown, an excellent opportunity was given for follow-up work to be undertaken.

Education in the mouth to mouth method of resuscitation was received with great interest in a number of schools during the year, the talk being illustrated by a film and also a life-like demonstration model on which all the pupils were invited to practise.

Increased emphasis was also placed on the importance of dental health, to which the Principal School Dental Officer has referred in his report and it is hoped to take further steps in teaching this subject by holding sessions at teachers training colleges in order that student teachers might see dental health education work in progress for pupils of nearby schools. By this means it is hoped that new teachers will be able to impress upon their pupils the need for proper care of their teeth.

PHYSICAL EDUCATION

Physical Education

I am indebted to the Chief Education Officer for supplying the report by the Senior Organisers of Physical Education which is included in this Report as Appendix E.

ROAD ACCIDENTS

I am once again grateful to the Chief Constable of Essex for letting me have the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1963 there were 11 fatal accidents, compared with 13 during 1962. Of the children concerned, 6 were killed as pedestrians and 5 were riding pedal cycles.

	1961	1962	1963
Child pedestrians injured	542	543	589
Child pedal cyclists injured	399	343	319
Child passengers injured	331	283	318

Casualties in age groups

	Casualties		
Years	1961	1962	1963
0—1	10	13	14
1—2	21	23	18
2—3	37	45	41
3—4	74	64	77
4—5	80	106	101
5—6	91	99	96
6—7	89	98	103
7—8	95	69	96
8—9	98	84	91
9—10	82	82	103
10—11	85	79	71
11—12	101	88	105
12—13	118	97	118
13—14	150	111	87
14—15	160	124	116
Total ...	1,291	1,182	1,237

The main causes of these accidents and the age groups involved were as follows :—

	Pedestrians	
	0-5 *years*	5-15 *years*
Pedestrians crossing road *not* masked by moving or stationary vehicle	62	201
Pedestrians crossing road masked by vehicle	55	143

	Pedal Cyclists	
	0-5 *years*	5-15 *years*
Turning right without due care	—	70
Inattention or attention diverted	—	39

During the peak hours 3 p.m. to 6 p.m. no less than 424 accidents occurred, the peak concentration of accidents (146) occurring between 3 p.m. and 4 p.m.

A total of 237 accidents occurred on Saturdays, 163 on Tuesdays and 160 on Mondays.

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1963

Part I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A.—Periodic Medical Inspections

Age Groups Inspected (By year of birth) (1)	*No. of Pupils Inspected* (2)	*Physical Condition of Pupils Inspected* — *Satisfactory* — *No.* (3)	*Satisfactory* — *% of Col. 2* (4)	*Unsatisfactory* — *No.* (5)	*Unsatisfactory* — *% of Col. 2* (6)
1959 and later	526	524	99.6	2	0.4
1958	12,002	11,962	99.7	40	0.3
1957	14,652	14,604	99.7	48	0.3
1956	3,136	3,126	99.7	10	0.3
1955	766	762	99.5	4	0.5
1954	545	544	99.8	1	0.2
1953	3,704	3,701	99.9	3	0.1
1952	11,571	11,557	99.9	14	0.1
1951	6,484	6,468	99.8	16	0.2
1950	2,737	2,730	99.7	7	0.3
1949	8,304	8,297	99.9	7	0.1
1948 and earlier	18,612	18,601	99.9	11	0.1
TOTAL	83,039	82,876	99.8	163	0.2

Part II—Defects Found by Medical Inspection During the Year

Table A.—Periodic Inspections

Defect Code No.	*Defect or Disease*	PERIODIC INSPECTIONS							
		Entrants		*Leavers*		*Others*		*Total*	
		*(*T*)	(*O*)	(*T*)	(*O*)	(*T*)	(*O*)	(*T*)	(*O*)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	176	517	543	512	407	425	1,126	1,454
5	Eyes a. Vision	728	1,698	2,368	1,064	2,007	1,233	5,103	3,995
	b. Squint	287	281	73	84	172	144	532	509
	c. Other	57	121	54	171	84	142	195	434
6	Ears—a. Hearing	166	740	47	169	95	259	308	1,168
	b. Otitis Media	84	368	25	84	32	97	141	549
	c. Other	44	119	34	41	34	79	112	239
7	Nose and Throat	520	2,635	74	412	220	830	815	3,877
8	Speech	286	523	33	59	98	134	417	716
9	Lymphatic Glands	29	782	2	103	12	268	43	1,153
10	Heart	51	367	58	188	4	240	113	795
11	Lungs	128	757	58	197	107	329	293	1,283
12	Developmental—								
	a. Hernia	49	114	6	43	39	67	94	224
	b. Other	65	803	71	317	132	571	268	1,691
13	Orthopaedic—								
	a. Posture	42	205	83	264	102	360	227	829
	b. Feet	314	714	129	323	337	490	780	1,527
	c. Other	165	579	158	610	210	488	533	1,677
14	Nervous System—								
	a. Epilepsy	17	73	29	46	44	50	90	169
	b. Other	30	252	9	66	34	173	73	491
15	Psychological—								
	a. Development	73	384	34	58	119	214	226	656
	b. Stability	50	600	30	97	51	307	131	1,004
16	Abdomen	19	117	9	29	19	69	47	215
17	Other	133	208	103	103	159	192	395	503

*(*T*)=Treatment.

(*O*)=Observation.

Table B.—Pupils found to require Treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Part II* (3)	*Total individual pupils* (4)
1959 and later	6	24	29
1958	268	1,110	1,248
1957	406	1,419	1,677
1956	126	384	480
1955	47	109	144
1954	50	80	118
1953	206	313	471
1952	725	905	1,503
1951	542	519	988
1950	234	204	412
1949	689	493	1,102
1948 and earlier	1,804	1,215	2,826
TOTAL	5,103	6,775	10,998

Table C.—Other Inspections

Number of Special Inspections	22,932
Number of Re-inspections	28,879
Total	51,811

Table D.—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	329,466
(b) Total number of individual pupils found to be infested	1,185
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	35
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1

Table B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections: Pupils requiring Treatment (3)	Special Inspections: Pupils requiring Observation (4)
4	Skin	6,752	172
5	Eyes—		
	(a) Vision	480	392
	(b) Squint	35	13
	(c) Other	399	65
6	Ears—		
	(a) Hearing	278	132
	(b) Otitis Media	89	30
	(c) Other	114	22
7	Nose and Throat	377	216
8	Speech	180	87
9	Lymphatic Glands	11	44
10	Heart	18	80
11	Lungs	78	97
12	Developmental—		
	(a) Hernia	14	20
	(b) Other	67	85
13	Orthopaedic—		
	(a) Posture	36	50
	(b) Feet	194	133
	(c) Other	444	132
14	Nervous System—		
	(a) Epilepsy	9	21
	(b) Other	89	76
15	Psychological—		
	(a) Development	105	98
	(b) Stability	231	148
16	Abdomen	40	36
17	Other	1,598	391

Part III—Treatment Tables

Table A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	4,369
Errors of refraction (including squint)	23,375
Total	27,744
Number of pupils for whom spectacles were prescribed	10,259

Table B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	86
(b) for adenoids and chronic tonsillitis	3,286
(c) for other nose and throat conditions	205
Received other forms of treatment	3,008
Total	6,585

Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1963	67
(b) in previous years	326

Table C.—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	6,003
(b) Pupils treated at school for postural defects	104
Total	6,107

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	5
(b) Body	3
Scabies	11
Impetigo	80
Other skin diseases	3,756
Total	3,855

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	3,407

Table F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by Speech Therapists	3,560

Table G.—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	4,205
(b) Pupils who received convalescent treatment under School Health Service arrangements	367
(c) Pupils who received B.C.G. Vaccination	14,302
(d) Other than (a), (b) and (c) above Enuresis	255
Total	19,129

Part IV—Dental Inspection and Treatment Carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers—	
(a) At Periodic Inspections	125,984
(b) As specials	26,668
Total	152,652
(2) Number found to require treatment	81,926
(3) Number offered treatment	71,666
(4) Number actually treated	38,345
(5) Number of attendances made by pupils for treatment (excluding those recorded at 13 (i) below)	126,007
(6) Half days devoted to—	
(a) Periodic (School) Inspection	1,217
(b) Treatment	22,796
Total	24,013
(7) Fillings—	
(a) Permanent Teeth	70,670
(b) Temporary Teeth	34,022
Total	104,692
(8) Number of teeth filled—	
(a) Permanent Teeth	61,603
(b) Temporary Teeth	30,545
Total	92,148
(9) Extractions—	
(a) Permanent Teeth	7,368
(b) Temporary Teeth	21,990
Total	29,358

(10)	Administration of general anaesthetics for extraction	10,133
(11)	Number of pupils supplied with artificial teeth	152
(12)	Other operations—	
	(a) Crowns	205
	(b) Inlays	40
	(c) Other treatment	50,863
	Total	51,108

Dental Work

(13)	Orthodontics—	
(i)	Number of attendances made by pupils for orthodontic treatment	13,185
(ii)	Half days devoted to orthodontic treatment	1,365
(iii)	Cases commenced during the year	1,387
(iv)	Cases brought forward from the previous year	1,129
(v)	Cases completed during the year	575
(vi)	Cases discontinued during the year	212
(vii)	Number of pupils treated by means of appliances	1,367
(viii)	Number of removable appliances fitted	1,077
(ix)	Number of fixed appliances fitted	29
(x)	Cases referred to and treated by hospital orthodontists	64

APPENDIX B

Child Guidance Tables, 1963

Table 1—Cases referred, treated and closed at each clinic

	Colchester	*Chelmsford*	*Basildon*	*Grays*	*Harlow*	*Romford*	*Ilford*	*Leyton*	*Walthamstow*	*All Clinics*
Cases referred during 1963	180	316	388	184	201	322	171	190	220	2,172
Cases closed during 1963—										
Treatment complete	37	118	39	66	49	151	41	41	76	618
Treatment incomplete	79	74	45	48	31	86	39	20	54	476
Not treated	51	67	29	48	59	69	45	36	105	509
Total	167	259	113	162	139	306	125	97	273	1,603
Cases on the books at the end of 1963—										
Awaiting first appointment	13	—	69	12	10	44	28	52	33	261
Under treatment	61	562	540	100	243	324	97	98	138	2,163
Others	148	—	498	168	150	29	332	136	116	1,577
Total	222	562	1,107	280	403	397	457	286	287	4,001

Table 2—Cases referred by age, sex and Division

	Under 5		*Over 5*		
	Boys	*Girls*	*Boys*	*Girls*	*Total*
North East Essex and Colchester	11	6	109	54	180
Mid Essex	9	5	168	106	288
South East Essex	3	2	67	32	104
South Essex	13	5	200	80	298
Forest	4	1	90	61	156
Romford	7	4	89	44	144
Barking	—	—	28	17	45
Dagenham	3	2	65	21	91
Ilford	17	6	84	20	127
Leyton	9	5	122	54	190
Walthamstow	17	5	46	30	98
Harlow	11	12	97	46	166
Basildon	25	13	161	86	285
Total	129	66	1,326	651	2,172

APPENDIX C

Summary of Handicapped Pupils in need of Special Education—1963

Category	*Newly placed in special schools or homes*	*Newly assessed as needing special educational treatment at special schools or in Boarding Homes*	*Number attending special schools*		*Attending Independent Schools*	*Number boarded in homes*	*Educated under arrangements made under Sec. 56*		*Number remaining unplaced*	
			Day Pupils	*Boarding Pupils*			*At home*	*In Hosp.*	*Day*	*Residential*
Blind	3	3	—	42	1	—	—	—	—	3
Partially sighted ...	11	11	44	29	—	—	—	—	3	3
Deaf	10	11	42	34	25	—	1	—	3	2
Partially Hearing	17	21	69	36	25	—	—	—	5	5
Delicate	91	80	135	124	11	3	9	27	11	17
Physically Handicapped	39	50	239	90	12	3	49	30	7	13
Educationally sub-normal	264	300	1,164	333	40	—	24	—	289	44
Maladjusted	94	116	36	145	129	22	10	5	2	80
Epileptic	4	3	3	22	1	—	2	—	—	—
Speech Defects	2	2	1	3	2	—	—	—	—	5
TOTAL	525	597	1,733	858	246	28	95	62	320	172

Notification of Infectious and Other Notifiable Diseases in Children between 5 and 15, 1963

Division	*Scarlet Fever*	*Whooping Cough*	*Acute Poliomyelitis Paralytic*	*Acute Poliomyelitis Non-Paralytic*	*Measles*	*Dysentery*	*Food Poisoning*	*Tuberculosis Respiratory*	*Tuberculosis Other*	*Acute Pneumonia*	*Others**	*Total*
North-East Essex	59	28	1	—	1,533	10	—	2	—	7	—	1,640
Mid-Essex	57	80	—	—	1,814	18	2	2	—	8	1	1,982
South-East Essex	34	19	—	—	878	—	6	7	1	13	—	958
South Essex	101	116	—	—	1,964	90	5	2	4	11	1	2,294
Forest	64	106	—	—	1,275	50	1	7	1	3	1	1,508
Romford	27	39	—	—	472	120	5	2	—	—	—	665
Barking	28	29	—	—	384	4	—	—	1	3	—	449
Dagenham	35	18	—	—	485	35	1	1	1	3	1	580
Ilford	73	77	—	1	612	76	7	—	—	11	3	860
Leyton	18	22	—	—	534	12	—	—	—	13	1	600
Walthamstow	43	85	—	—	815	100	4	2	—	4	—	1,053
Harlow	68	76	—	—	754	172	3	9	—	1	4	1,087
Basildon	33	32	—	—	693	1	—	—	—	—	1	760
Colchester	19	13	—	—	690	44	—	—	—	5	—	771
TOTAL—1963	659	740	1	1	12,903	732	34	34	8	82	13	15,207

* Others comprise—Meningococcal infection 2, Acute Encephalitis—infective 2, Acute Encephalitis—post-infective 2. Typhoid Fever 5, Paratyphoid fever 1, and Erysipelas 1.

APPENDIX E

The following report by the Senior Organisers of Physical Education has been submitted by the Chief Education Officer

The severe wintry conditions during the early part of this year curtailed the usual winter games of hockey, netball and football, and snowballing, sliding and tobogganing taking their place added to the ever widening range of physical education activities.

The most outstanding event of the year was the staging of the English Schools' Athletic Association Championships at Chelmsford. This National Schools' Meeting, which is held annually, is acknowledged to be the best organised athletic meeting in the country, if not the world, and it is most gratifying to note that the way it was organised in Essex brought the highest praise. It was a gigantic task and grateful thanks are due to the various Committees, Chairmen, Hosts, the Chelmsford Borough Council and the Education Committee, to mention a few, all of whom combined to make this exciting and spectacular two days of athletics a success. The final day was enriched so far as this County was concerned by Essex children winning three out of the four trophies, and missing the fourth by the smallest of margins.

At ten schools in various parts of the County cricket coaching centres for selected boys were opened. Three hundred and twenty boys were coached for one hour per week, for nine weeks, by holders of the M.C.C. Youth Coaching Certificate. All these men gave of their skill, knowledge and time without any financial recompense. One direct result was that one boy played for the English Schools XI.

The Essex County Schools' Cricket XI played without a defeat; eight matches were won and two drawn. The matches won were against Oxfordshire, Surrey, Sussex, Cambridge, Bucks, Kent, Essex Young Amateurs and Lancashire, and those drawn against Yorkshire and Warwickshire.

Five boys were selected to play for the South of England Schools XI and two for the full English Schools XI.

Association and Rugby Football continue to be the most popular games, and the County teams had their usual successes though not reaching the heights of the two previous sports. Rugby Football is still gaining ground in popularity in schools and most secondary schools play both codes.

In the National Schools' Swimming Championships at Bournemouth the free style relay race for the Baker Memorial Trophy was won in record time by Mayfield County Secondary School, Ilford. This is the second time this school has won the trophy, being second in three other occasions. In the Dolphin

Trophy Competition, offered for the highest percentage of children learning to swim, six of the first seven places in the East Anglian Division of the English Schools' Swimming Association were gained by Essex schools, the first being Gt. Chesterford Primary School. Great interest is being shown by Head Teachers from all over the country, in the experimental heating of the water, and the air above it, at Chelmsford Kings Road Junior School's Open Air Swimming Pool. The children swam every day of the school year once the snow and frost of last February and March disappeared. Exhibitions were held in the evenings of cold, and even foggy days, the children swimming with enjoyment and no discomfort. It is exciting to note that over 50 primary schools now have their own swimming pools.

It would take far too long to enumerate all the activities taking place in Physical Education. Sailing and canoeing continue to grow in popularity, courses for teachers were held, and the annual schools' regatta was a great success. A course in mountaineering for Essex teachers was held in Wales. Inter-school competitions were arranged in gymnastics and rebound tumbling (trampolining) at Divisional level, and Essex boys and girls reached the National Championships. More lightweight camping outfits have been purchased, enabling more schools to indulge in this healthy outdoor sport. Tennis tournaments were held to encourage more interest in the game. Hockey, Netball, Rounders, Badminton, Boxing, Cross Country running, all had their supporters and successes. The Essex Schools' Basket-Ball Association staged its first Schools' International Tournament, England v. Ireland, at Ilford, before a large and vociferous audience.

The exhibition of trampolining by boys and girls from Mark Hall Secondary School, Harlow, at the entrance to the Committee's marquees at the County Show attracted a large number of spectators, many of whom expressed the desire to " have a go."

During this year all the Physical Education Specialists in the Essex Colleges of Further Education were invited to a conference in Chelmsford. It was a full and representative meeting and many problems and difficulties were discussed.

The vacancy for an organiser in the Ilford, Barking and Dagenham area which was created by the transfer of Mr. Morris to Forest, Leyton and Walthamstow, was filled by the appointment of Mr. D. Taylor, who had been Assistant Organiser of Physical Education in Nottinghamshire.

APPENDIX F

Report by Mr. B. R. Head, Senior Peripatetic Teacher of the Partially Hearing on the Peripatetic Teaching of Partially Hearing Children being educated in normal schools or children of pre-school age.

For some years, the earlier ascertainment of deafness in children allied to the improvement in performance of individual hearing aids has enabled many partially hearing children who would formerly have been educated in schools for the deaf or partially hearing to attend normal schools in their own locality.

To give advice and assistance to these children and their parents and teachers the first peripatetic teacher took up his appointment in January 1960. During 1960 the number of children reported to the peripatetic teacher increased from 40 to 120 and a second teacher was appointed at the end of the year.

Both teachers were working over the whole County with the exception of North-East Essex which was excluded on the grounds of distance and travelling time involved. However, when the case list exceeded 200 in 1962, a third teacher, who is living in this part of the County, was appointed in January, 1963, and since then the whole County has been covered.

The assistance given by the peripatetic teachers takes many forms, and children between the ages of a few months and sixteen years are visited. In the case of the former the assistance takes the form of home training and guidance to parents. With older children the emphasis is on auditory training—use of hearing aids, speech and language development and remedial teaching in any subject where this is necessary. The problems of children attending normal schools are discussed with their head and class teachers and every effort is made to ensure that the limitations imposed on the learning situation by the child's hearing loss are understood.

The peripatetic teachers are frequently asked by head teachers, school medical officers and educational psychologists to test a child's hearing, also many comparative tests of different types of hearing aid are carried out, sometimes at the request of otologists, and the findings submitted to the appropriate D.S.M.O.

At the end of 1963 the case list was as follows :—

Pre-school	25
Infant school	23
Junior school	71
Secondary school	72
Special schools (E.S.N.)	21
Total ...	212

Most of the teachers' time is spent on children in the first three groups for the reason that the final placement of these young children depends entirely on the progress they make in the early stages of their education and, with a staffing ratio of one teacher to seventy children, it is not possible to see all children as often as would be desirable.

The Education Committee has made available a number of speech training hearing aids and these are loaned to the parents of selected pre-school children thus enabling the tuition given by the teachers to be augmented by the parents.

The peripatetic teachers would like to take this opportunity to express their appreciation of the assistance given to them so willingly by the Divisional and School Medical Officers and also by the Head and class teachers in whose schools they work.

APPENDIX G

Miss A. J. Halsall, The School Meals Organiser, reports as follows :—

The number of schoolchildren having meals on a typical day in September 1963 was 147,668. This figure shows that the percentage of children having meals was 56.6% of school attendance, an increase of 1.2% on the previous year's figure. The charge for school dinners for day pupils at maintained schools has not been increased during the year and remains at 1/-.

26 new kitchens have been opened during the year, either at new schools or in old schools which have been remodelled.

Members of School Meals staff have continued to attend courses run under the Training Scheme. 272 staff of all grades have attended full-time courses (171, Refresher Courses, 101, Catering Certificate Courses), while other courses have been attended by 186 staff. A total number of 93 certificates have been issued to staff who have successfully completed the full-time courses. The success of the scheme in raising the standards of school meals staff is now fully assured.

A summary of the relative figures of the consumption of milk and meals is given below :—

Date of Return	No. of pupils	No. having dinner	*Per cent of pupils having dinner*	No. having milk	*Per cent of pupils having milk*
Autumn 1947	169,556	103,372	62.1	153,671	90.7
Autumn 1951	201,129	112,690	56.0	170,658	84.9
Autumn 1955	243,523	124,833	51.3	208,781	85.2
Autumn 1960	268,317	141,158	52.6	218,427	81.3
Autumn 1961	273,139	143,444	52.5	223,879	81.9
Autumn 1962	266,838	147,569	55.3	220,007	82.2
Autumn 1963	261,110	147,668	56.5	217,203	80.8

APPENDIX H

MINOR AILMENT CLINICS

COLCHESTER (DELEGATED) AND NORTH-EAST ESSEX DIVISION

Health Services Clinic, Shrub End, Colchester	Fridays p.m.	
School Clinic, Trinity Street, Colchester	Mondays to Fridays p.m.	
Health Services Clinic, 407 Main Road, Dovercourt	Tuesdays a.m.	
Health Services Clinic, Colchester Road, Halstead	Wednesdays a.m.	
Health Services Clinic, 31 Skelmersdale Road, Clacton-on-Sea	Mondays p.m.	
New Church Schoolroom, Brightlingsea	Wednesdays p.m.	In conjunction with C.W.C.s
Great Bentley Village Hall, Great Bentley	4th Friday p.m.	

MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree	Tuesdays 10.0 a.m.
Health Services Clinic, Coval Lane, Chelmsford	Mondays 9.30 a.m.
Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Friday 10.0 a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford	2nd Tuesday 10.0 a.m
Health Services Clinic, 69 High Street, Saffron Walden	Thursdays 10.0 a.m.
Central Hall, Stansted	2nd Thursday 9.30 a.m.
Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday, 9.30 a.m.
Health Services Clinic, 56 New Street, Dunmow	2nd Monday 10.0 a.m.
St. Peter's Room, Coggeshall	4th Monday 10.0 a.m.
St. Mary's, Kelvedon	3rd Friday 10.0 a.m.

SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering	Mondays a.m.
Health Services Clinic, Rocheway, Rochford	Tuesdays a.m.
Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays and alternate Saturdays a.m.
Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island	Mondays a.m.

SOUTH-EAST ESSEX DIVISION—Contd.

Health Services Clinic, High Road, South Benfleet	2nd and 4th Fridays a.m.
Health Services Clinic, London Road, Hadleigh	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Spa Road, Hockley	2nd and 4th Wednesdays a.m

SOUTH ESSEX DIVISION

Health Services Clinic, 39 Queen's Road, Brentwood	Tuesdays a.m.
Health Services Clinic, Westland Avenue, Hornchurch	Wednesdays a.m.
Health Services Clinic, Abbs Cross Lane, Hornchurch	Thursdays a.m.
Health Services Clinic, 61 Athelstan Road, Harold Wood	1st, 3rd and 5th Fridays only a.m.
Health Services Clinic, Upminster Road, Rainham	1st, 3rd and 5th Thursdays a.m.
Health Services Clinic, 230 St. Mary's Lane, Upminster	Wednesdays a.m.
Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesdays a.m.
Health Services Clinic, Newton Road, Tilbury	2nd, 4th and 5th Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Thursdays a.m.
107 South Road, South Ockendon, Near Grays	Mondays a.m.
Health Services Clinic, Stifford Long Lane, Grays	1st, 3rd and 5th Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary	Alternate Tuesdays a.m.
Health Centre, Darenth Lane, South Ockendon	Fridays a.m.
Health Services Clinic, Southend Road, South Hornchurch, Rainham	2nd and 4th Thursdays a.m.
Health Services Clinic, Hall Road, Aveley, Purfleet	Thursdays a.m.
Health Services Clinic, London Road, Purfleet	1st Tuesday p.m.
Health Services Clinic, Cherry Avenue, Brentwood	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Rheidovale, Princess Margaret Road, East Tilbury	1st Wednesday p.m.
Health Services Clinic, Coram Green, Hutton, Brentwood	Wednesdays a.m.
Health Services Clinic, Avon Road, Upminster	Fridays a.m.

FOREST DIVISION

Health Services Clinic, Manford Way, Chigwell	Alternate Thursdays a.m.
Health Services Clinic, Hatch Lane, Chingford	1st and 3rd Mondays p.m.
Health Services Clinic, Marmion Avenue, Chingford	2nd, 4th and 5th Mondays a.m.
Health Services Clinic, Regent Road, Epping	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Thursdays a.m.
Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey	2nd and 4th Tuesdays a.m.
School Clinic, 93 High Road, South Woodford	Fridays a.m.

ROMFORD DIVISION

Health Services Clinic, Hulse Avenue, Collier Row	Mondays a.m.
Parklands School	Thursdays a.m.
Hilldene School	Tuesdays a.m.
Health Services Clinic, Marks Road	Saturdays a.m.
Health Centre, Gooshays Drive, Harold Hill	Mondays and Tuesdays a.m.

BARKING DIVISION

Central Clinic, Vicarage Drive, Ripple Road, Barking	Each morning
Porters Avenue Clinic, Porters Avenue, Dagenham	Each morning
*Woodward Clinic, Woodward Road, Dagenham	Each morning
Upney Clinic, Upney Lane, Barking	Each morning

* (Being held in Dawson School during rebuilding of Clinic)

DAGENHAM DIVISION

Five Elms School	Mondays p.m. and Fridays a.m.
Health Services Clinic, Becontree Avenue	Mondays and Thursdays a.m.
Health Services Clinic, Ballards Road	Mondays p.m.
Health Services Clinic, Ashton Gardens, Chadwell Heath	2nd, 4th and 5th Fridays p.m.
Health Services Clinic, Oxlow Lane	Wednesdays 9.30 a.m.
Health Services Clinic, Marks Gate	1st and 3rd Fridays p.m.
Health Services Clinic, Ford Road	Mondays a.m., Fridays p.m.

ILFORD DIVISION

Health Services Clinic, Kenwood Gardens, Ilford	Tuesdays and Fridays a.m.
Health Services Clinic, Goodmayes Lane, Goodmayes	Wednesdays and Fridays a.m.

The Tuesday and Wednesday clinics above-mentioned are combined with Immunisation Clinics.

LEYTON DIVISION

Health Services Clinic, Granleigh Road, Leytonstone	Daily a.m. including alternate Saturdays
Health Services Clinic, Leyton Green Road, Leyton	Daily a.m. including Saturdays
Health Services Clinic, Dawlish Road, Leyton	Daily a.m. including alternate Saturdays

WALTHAMSTOW DIVISION

Town Hall	Mondays, Wednesdays, Fridays and Saturdays a.m.
Health Services Clinic, Silverdale Road, Highams Park	Tuesdays a.m.
Health Services Clinic, Low Hall Lane, Markhouse Road	Mondays and Thursdays a.m.

HARLOW DIVISION

Addison House, Fourth Avenue, Harlow	Alternate Thursdays a.m.
Nuffield House, The Stow, Harlow	Alternate Fridays a.m.
Keats House, Bush Fair, Harlow	Every Wednesday a.m.

BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay	Thursdays a.m.
Health Services Clinic, Craylands, Timberlog Lane, Basildon	Wednesdays a.m.
Health Services Clinic, Honeypot Lane, Basildon	Fridays a.m.
Health Services Clinic, Florence Road, Laindon	Tuesdays a.m.
Health Services Clinic, High Road, Pitsea	Wednesdays a.m.
Health Services Clinic, Nevendon Road, Wickford	Mondays a.m.

SPECIALIST CLINICS

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
North-East Essex Division :		
Ophthalmic	22	Dr. H. S. Sweet
Ear, Nose and Throat	1	Mr. J. M. Green
Mid-Essex Division :		
Ophthalmic	37	Dr. A. H. Staples Dr. C. A. Gupta Dr. J. J. Reilly Dr. H. S. Sweet Mr. W. Foulds
Orthopaedic	28	Mr. H. A. H. Harris Mr. D. M. Dunn Mr. A. H. G. Murley Mr. H. Osmond-Clarke Mr. Hume

In addition there are 5 Physiotherapy sessions a month

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
South-East Essex Division :		
Ophthalmic	7	Dr. B. C. Dench
South Essex Division :		
Ophthalmic	35	Dr. B. G. Dias Dr. W. H. Clark Dr. H. J. Thorne Dr. P. B. Das Gupta Dr. G. R. Bhatia
Orthopaedic	3	Mr. G. Barclay

In addition there are 32 Physiotherapy and 15 Orthoptic sessions a month

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
Forest Division :		
Ophthalmic	18	Dr. G. F. Ensor Dr. W. Laybourne
Orthopaedic	4	Mr. M. Mason Mr. K. Dalliwall

In addition there are 10 Physiotherapy and 8 Orthoptic sessions a week

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
Romford Division :		
Ophthalmic	11	Dr. B. G. Dias Dr. D. E. Hone
Orthopaedic	2	Mr. G. Barclay Mr. A. M. A. Moore
Barking Division :		
Dermatology	2	Mr. P. Deville
Ear, Nose and Throat	4	Miss M. Mason
Ophthalmic	16	Dr. R. F. Jamieson
Orthopaedic	2	Mr. Whitchurch-Howell
Paediatric	2	Dr. T. Savage
Dagenham Division :		
Orthopaedic	1	Mr. A. M. A. Moore
Ophthalmic	8	Dr. P. Lancer

In addition there are 39 Physiotherapy sessions a month

Ilford Division :		
Orthopaedic	7	Mr. M. Mason Mr. H. G. Korvin
Ophthalmic	17	Dr. P. Lancer Dr. H. J. Thorne Dr. M. N. Laybourne
Ear, Nose and Throat	4	Miss M. Mason
Paediatric	2	
Cerebral Palsy Unit	2	Mr. H. B. Lee
Leyton Division :		
Ear, Nose and Throat	1	Mr. R. T. S. Goodchild
Ophthalmic	8	Dr. Logan Adams
Orthopaedic	4	Mr. H. A. Oatley
Walthamstow Division :		
Ear, Nose and Throat	4	Dr. A. Cammock
Ophthalmic	20	Dr. H. Ho
Paediatric	2	Dr. E. Hinden
Orthopaedic	1	Mr. K. Dalliwall
Harlow Division :		
Orthopaedic	2	Mr. G. R. Fisk
Basildon Division :		
Ophthalmic	7	Dr. B. G. Dias Dr. W. H. Clark

CHILD GUIDANCE CLINICS

Address of clinic (1)	*Estimated population served* (2)	*Establishment of staff* (3)	*Posts filled as at 31.12.63* (4)	*No. Weekly Sessions* (5)
Winsley House High Street Colchester	28,412	Psychiatrists (Part-time—9 sessions weekly)	2 (5 sessions)	5
		Psychologists (Full-time—2)	1	—
		Psychiatric Social Workers (Full-time—2)	2	—
		Psychotherapist (Full-time—1)	1	—
		Remedial Teacher (Full-time—1)	1	—
		Clerks (Full-time—2)	2	—
146 Broomfield Road Chelmsford	38,250	Psychiatrists (Part-time—9 sessions weekly)	2	9
		Psychologists (Full-time—2)	2	—
		Psychiatric Social Workers (Full-time—2)	2 (one part-time)	—
		Psychotherapist (Full-time—1)	—	—
		Remedial Teacher (Full-time—1)	3 (part-time)	—
		Clerks (Full-time—4)	4	—
123 Honeypot Lane Basildon	32,367	Psychiatrists (Part-time—6 sessions weekly)	1	6
		Psychologist (Full-time—2)	1	—
		Psychiatric Social Workers (Full-time—3)	—	—
		Psychotherapist (Full-time—1)	1	—
		Remedial Teacher (Full-time—1)	1	—
		Clerks (Full-time—4)	3	—
Whitehall Cottage Whitehall Lane Grays	22,000	Psychiatrists (Part-time—6 sessions weekly)	3 (6 sessions)	6
		Psychologists (Full-time—2)	1	—
		Psychiatric Social Workers (Full-time—2)	1*	—
		Psychotherapists (Part-time—8 sessions weekly)	—	—
		Clerks (Full-time—1 and Part-time—2 x 15 hrs.)	1.75	—
		Peripatetic Remedial Teacher (Full-time—1)	1	—

* Social Worker.

Address of clinic (1)	Estimated population served (2)	Establishment of staff (3)	Posts filled as at 31.12.63 (4)	No. Weekly Sessions (5)
Galen House Town Centre Harlow	19,500	Psychiatrists (Part-time—6 sessions weekly)	1 (6 sessions)	6
		Psychologist (Full-time—1)	1 (6 sessions)	6
		Psychiatric Social Worker (Full-time—2)	2	—
		Psychotherapist (Part-time—5 sessions weekly)	1 (5 sessions)	5
		Clerks (Full-time—2)	2 (1 full-time) (1 part-time)	— —
62 Western Road Romford	53,000	Psychiatrists (Part-time—11 sessions weekly)	5 (13 sessions)	8
		Psychologists (Full-time—1 and part-time 2)	1.5	—
		Psychiatric Social Workers (Full-time—2)	2	—
		Psychotherapist (Full-time—1)	1 (5 sessions)	—
		Clerks (Full-time—3; Part-time 1)	3½	—
Loxford Hall Loxford Lane Ilford	36,200	Psychiatrists (Part-time—9 sessions weekly)	2	9
		Psychologists (Full-time—2)	2 (1 Full-time and 6 sessions).	—
		Psychiatric Social Workers (Full-time—3)	3	—
		Psychotherapist (Full-time—1)	1 (6 sessions weekly)	—
		Clerks (Full-time—3)	3	—
Old Monoux School High Street Walthamstow	52,000	Psychiatrists (Part-time—9 sessions weekly) + 2 additional sessions a week temporarily	2	11
		Psychologists (Full-time—1) (Part-time 1)	1½	—
		Psychiatric Social Workers (Full-time—3)	3	—
		Psychotherapist (Full-time—1)	1	2
		Clerks (Full-time—3)	4	—
133 Dawlish Road Leyton.	11,000	Psychiatrists (Part-time—5 sessions weekly)	1	5
		Psychologists (Full-time)	1 (6 sessions)	2
		Psychiatric Social Worker (Full-time—2)	—	—
		Psychotherapist (Part-time—5 sessions weekly)	—	—
		Clerks (Full-time—2)	2	—